## Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 1 of 73

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:  | Identify Yourself   |  |   |
|-----|--|---|--|---|
|     |  |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You  | r full name   |  |   |
|     | Writ   | e the name that is on   | Kevin                                    | Lashonda                                      |
|     | your government-issued<br>picture identification (for<br>example, your driver's<br>license or passport). | ure identification (for   | First name                               | First name                                    |
|     |  | Middle name   | Middle name                              |   |
|     |  | g your picture  | Brown                                    | Brown   |
|     |  | tification to your ting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |  | other names you have  |  |   |
|     |  | d in the last 8 years   |  |   |
|     |  | ude your married or<br>den names.   |  |   |
| 3.  | you<br>num<br>Indi   | y the last 4 digits of<br>r Social Security<br>ober or federal<br>vidual Taxpayer<br>otification number | xxx-xx-5497                              | xxx-xx-2707                                   |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 2 of 73

Debtor 1 **Kevin Brown**Debtor 2 **Lashonda Brown** 

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|--|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |  |
| 5. | Where you live   | 17039 Evans Dr  | If Debtor 2 lives at a different address:  |  |  |  |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|    |  | Cook  | County   |  |  |  |
|    |  | County  | County   |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition,   | Check one:  Over the last 180 days before filing this petition, I  |  |  |  |
|    |  | I have lived in this district longer than in any other district.  | have lived in this district longer than in any other district.   |  |  |  |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |  |   |  |  |  |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 3 of 73

| Deb | otor 2       | Lashonda Brown  |   |               |   |  | Case number (if known)   |                         |  |
|-----|--------------|---|---|---------------|---|--|--|-------------------------|--|
|     |              |   |   |               |   |  |  |                         |  |
| Par | t 2:         | Tell the Court About Υ  | our Bar   | nkruptcy Ca   | ase   |  |  |                         |  |
| 7.  | Bank         | hapter of the ruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |               |   |  |  |                         |  |
|     | cnoo         | sing to file under  | ■ Cha   | apter 7       |   |  |  |                         |  |
|     |              |   | ☐ Cha   | apter 11      |   |  |  |                         |  |
|     |              |   | ☐ Cha   | apter 12      |   |  |  |                         |  |
|     |              |   | ☐ Cha   | apter 13      |   |  |  |                         |  |
|     |              |   |   |               |   |  |  |                         |  |
| 8.  | How          | you will pay the fee  | _<br>a<br>o   | bout how yo   | ou may pay. Typic<br>attorney is submi        | ally, if you are paying the fee                                | eck with the clerk's office in your local co<br>yourself, you may pay with cash, cashie<br>shalf, your attorney may pay with a credi | r's check, or money     |  |
|     |              |   |   |               |   | <b>Ilments.</b> If you choose this op<br>(Official Form 103A). | tion, sign and attach the Application for  | Individuals to Pay      |  |
|     |              |   |   | ū             |   | ` ,  | ion only if you are filing for Chapter 7. B  | y law, a judge may,     |  |
|     |              |   | b   | ut is not req | uired to, waive yo                            | ur fee, and may do so only if                                  | your income is less than 150% of the off in installments). If you choose this option   | icial poverty line that |  |
|     |              |   |   |               |   |  | ficial Form 103B) and file it with your pe   |                         |  |
|     |              |   |   |               |   |  |  |                         |  |
| 9.  |              | you filed for   | ■ No.   |               |   |  |  |                         |  |
|     |              | ruptcy within the<br>years?   | ☐ Yes.  |               |   |  |  |                         |  |
|     |              |   |   | District      |   | When   | Case number  |                         |  |
|     |              |   |   | District      |   | When   | Case number  |                         |  |
|     |              |   |   | District      |   | When   | Case number  |                         |  |
|     |              |   |   |               |   |  |  |                         |  |
| 10. |              | ny bankruptcy<br>s pending or being   | ■ No  |               |   |  |  |                         |  |
|     | filed not fi | by a spouse who is<br>ling this case with<br>or by a business<br>er, or by an | ☐ Yes.  |               |   |  |  |                         |  |
|     |              |   |   | Debtor        |   |  | Relationship to you  |                         |  |
|     |              |   |   | District      |   | When   | Case number, if known  |                         |  |
|     |              |   |   | Debtor        |   |  | Relationship to you  |                         |  |
|     |              |   |   | District      |   | When   | Case number, if known  |                         |  |
| 11. |              | ou rent your  | ■ No.   | Go to I       | line 12.                                      |  |  |                         |  |
|     | resid        | ence?   | ☐ Yes.  | Has yo        | our landlord obtain                           | ned an eviction judgment agai                                  | nst you and do you want to stay in your  | residence?              |  |
|     |              |   |   |               | No. Go to line 12                             | 2.   |  |                         |  |
|     |              |   |   |               | Yes. Fill out <i>Initia</i> bankruptcy petiti |  | n Judgment Against You (Form 101A) a   | nd file it with this    |  |
|     |              |   |   |               |   |  |  |                         |  |

Debtor 1 Kevin Brown

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 4 of 73

| Den  | Lasnonda Brown  |                    |   |                                      | Case Hulliber (if known)  |
|------|---|--------------------|---|--------------------------------------|---|
|      |   |                    |   |                                      |   |
| Part | Report About Any Bu   | sinesses           | You Own   | as a Sole Proprie                    | etor  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to   | Part 4.                              |   |
|      |   | ☐ Yes.             | Name  | and location of bus                  | siness  |
|      | A sole proprietorship is a  |                    |   |                                      |   |
|      | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    |   | of business, if any                  |   |
|      | If you have more than one sole proprietorship, use a  |                    | Numb  | er, Street, City, Stat               | ate & ZIP Code  |
|      | separate sheet and attach it to this petition.  |                    | Check   | the appropriate bo                   | ox to describe your business:   |
|      | ·   |                    |   | Health Care Busir                    | ness (as defined in 11 U.S.C. § 101(27A))   |
|      |   |                    |   | Single Asset Real                    | ll Estate (as defined in 11 U.S.C. § 101(51B))  |
|      |   |                    |   | Stockbroker (as d                    | defined in 11 U.S.C. § 101(53A))  |
|      |   |                    |   | Commodity Broke                      | er (as defined in 11 U.S.C. § 101(6))   |
|      |   |                    |   | None of the above                    | re  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br>debtor?                    | deadline operation | re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ns, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). |                                      |   |
|      | For a definition of small   | ■ No.              | I am n  | ot filing under Chap                 | pter 11.  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am fi<br>Code.  |                                      | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|      |   | ☐ Yes.             | I am fi   | ling under Chapter                   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part | t 4: Report if You Own or   | Have Any           | Hazardo   | us Property or An                    | ny Property That Needs Immediate Attention  |
| 14.  | Do you own or have any property that poses or is  | ■ No.              |   |                                      |   |
|      | alleged to pose a threat of imminent and identifiable hazard to   | ☐ Yes.             | What is t   | the hazard?                          |   |
|      | public health or safety?<br>Or do you own any<br>property that needs  |                    |   | liate attention is why is it needed? |   |
|      | immediate attention?  |                    | ,   | ,                                    |   |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                    | Where is  | s the property?                      |   |
|      | игувні терану!  |                    |   |                                      | Number, Street, City, State & Zip Code  |
|      |   |                    |   |                                      |   |

Debtor 1 Kevin Brown

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 5 of 73

Debtor 1 Kevin Brown
Lashonda Brown
Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 6 of 73

|      | tor 2 Lashonda Brown   |  |  | Case num  | ber (if known)  |  |  |  |  |
|------|--|--|--|---|---|--|--|--|--|
| Part | 6: Answer These Quest  | ions for Rep   | orting Purposes  |   |   |  |  |  |  |
| 16.  | What kind of debts do you have?                                |  | Are your debts primarily consundividual primarily for a personal,  |   | efined in 11 U.S.C. § 101(8) as "incurred by an   |  |  |  |  |
|      |  | [  | ☐ No. Go to line 16b.  |   |   |  |  |  |  |
|      |  |  | Yes. Go to line 17.  |   |   |  |  |  |  |
|      |  |  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.       |   |   |  |  |  |  |
|      |  |  | ☐ No. Go to line 16c.  |   |   |  |  |  |  |
|      |  |  | ☐ Yes. Go to line 17.  |   |   |  |  |  |  |
|      |  | 16c. S   | State the type of debts you owe th   | nat are not consumer debts or busin                                       | ess debts   |  |  |  |  |
| 17.  | Are you filing under Chapter 7?                                | □ No. I  | am not filing under Chapter 7. G   | o to line 18.   |   |  |  |  |  |
|      | Do you estimate that after any exempt property is excluded and | <b>–</b> 165.  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expense are paid that funds will be available to distribute to unsecured creditors? |   |   |  |  |  |  |
|      | administrative expenses are paid that funds will               |  | □No  |   |   |  |  |  |  |
|      | be available for distribution to unsecured creditors?          | ı  | Yes  |   |   |  |  |  |  |
| 18.  | How many Creditors do  | <b>1</b> -49   |  | <b>1</b> ,000-5,000   | <b>1</b> 25,001-50,000  |  |  |  |  |
|      | you estimate that you owe?                                     | <b>50-99</b>   |  | ☐ 5001-10,000   | 50,001-100,000  |  |  |  |  |
|      |  | □ 100-199<br>□ 200-999   |  | □ 10,001-25,000   | ☐ More than100,000  |  |  |  |  |
| 19.  | How much do you estimate your assets to be worth?              | □ \$0 - \$50   | 0,000  | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |  |  |  |  |
|      |  |  | - \$100,000  | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |  |  |  |  |
|      |  | . ,  | 11 - \$500,000<br>11 - \$1 million   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million         | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                   |  |  |  |  |
| 20.  | How much do you  | □ \$0 - \$50   | 0,000  | ☐ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |  |  |  |  |
|      | estimate your liabilities to be?                               |  | 1 - \$100,000  | \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |  |  |  |  |
|      |  |  | 11 - \$500,000<br>11 - \$1 million   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million         | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                   |  |  |  |  |
| Part | 7: Sign Below  |  |  |   |   |  |  |  |  |
| For  | you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |  |   |   |  |  |  |  |
|      |  |  |  |   | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.           |  |  |  |  |
|      |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |   |  |  |  |  |
|      |  | I request re   | lief in accordance with the chapt  | er of title 11, United States Code, sp                                    | pecified in this petition.  |  |  |  |  |
|      |  | I understan<br>bankruptcy<br>and 3571.   | d making a false statement, conc<br>case can result in fines up to \$2   | cealing property, or obtaining money 50,000, or imprisonment for up to 20 | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |
|      |  | /s/ Kevin  |  | /s/ Lashonda I  |   |  |  |  |  |
|      |  | Kevin Bro<br>Signature of  |  | <b>Lashonda Bro</b><br>Signature of Deb                                   |   |  |  |  |  |
|      |  | Executed o   | September 11, 2017 MM / DD / YYYY  |   | September 11, 2017 IM / DD / YYYY   |  |  |  |  |
|      |  |  |  |   |   |  |  |  |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 7 of 73

| Dahtar 1             | Vavin Braun  | Document   | Page 7 of 73                |   |
|----------------------|--|--|-----------------------------|---|
| Debtor 1<br>Debtor 2 | Kevin Brown<br>Lashonda Brown                      |  | Cas                         | e number (if known)   |
|                      |  |  |                             |   |
| •                    | attorney, if you are<br>ed by one                  | under Chapter 7, 11, 12, or 13 of title 11, Unit | ted States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| •                    | not represented by<br>ey, you do not need<br>page. |  |                             | rledge after an inquiry that the information in the   |
|                      |  | /s/ Julie Gleason                                | Date                        | September 11, 2017  |
|                      |  | Signature of Attorney for Debtor                 |                             | MM / DD / YYYY  |
|                      |  | Julie Gleason                                    |                             |   |
|                      |  | Printed name                                     |                             |   |
|                      |  | Gleason & Gleason                                |                             |   |
|                      |  | Firm name  |                             |   |
|                      |  | 77 W Washington, Ste 1218                        |                             |   |
|                      |  | Chicago, IL 60602                                |                             |   |
|                      |  | Number, Street, City, State & ZIP Code           |                             |   |
|                      |  | Contact phone (312) 578-9530                     | Email address               | troy@chicagobk.com  |

**6273536**Bar number & State

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main

|   |                         | DOGUILLEI           | II FAUE O ULTS |
|---|-------------------------|---------------------|----------------|
| Fill in this infor                      | mation to identify your | case:               |                |
| Debtor 1                                | Kevin Brown             |                     |                |
|   | First Name              | Middle Name         | Last Name      |
| Debtor 2                                | Lashonda Brown          |                     |                |
| Spouse if, filing)                      | First Name              | Middle Name         | Last Name      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT O | FILLINOIS      |
| Case number _                           |                         |                     |                |

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a       | ssets                         |
|-----|--|--------------|-------------------------------|
|     |  |              | of what you own               |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 169,559.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 110,990.00                    |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 280,549.00                    |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 213,096.00                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 128,909.00                    |
|     | Your total liabilities   | \$           | 342,005.00                    |
| Par | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 5,909.50                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 5,905.00                      |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other scl | hedules.                      |
| 7.  | ■ Yes What kind of debt do you have?   |              |                               |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main

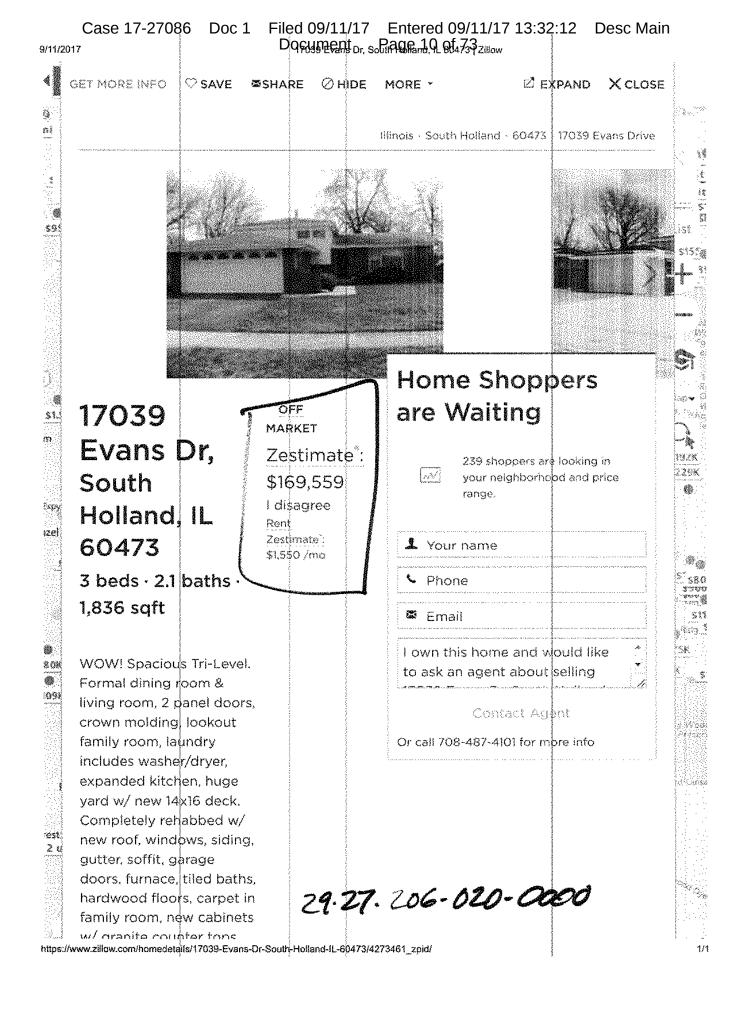
Debtor 1 Kevin Brown
Debtor 2 Lashonda Brown \_\_\_\_\_\_ Case number (if known) \_\_\_\_\_\_\_

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,620.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tot  | al claim  |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |      |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_  | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 72,709.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 72,709.00 |



|                              | Cas   | e 17-2708   | 6 Doc 1  | Filed 0<br>Docu             | 9/11/17<br>ment                                  | Entered 09/11/2  | 17 13:32     | :12 De           | sc N    | /lain  |
|------------------------------|---|---|--|-----------------------------|--|--|--------------|------------------|---------|--|
| Fill                         | in this informa   | tion to identify  | your case and th   |                             |  |  |              |                  |         |  |
| Dek                          | otor 1  | Kevin Brow  | n  |                             |  |  |              |                  |         |  |
|                              |   | First Name  |  | Name                        |  | Last Name  |              |                  |         |  |
|                              | otor 2<br>use, if filing)   | Lashonda E  |  | Name                        |  | Last Name  |              |                  |         |  |
|                              |   | ruptov Court fo   | r that NORTHER   | N DISTRI                    | CT OF ILLIN                                      | IOIS   |              |                  |         |  |
| UIIII                        | ted States Bank   | Tupicy Court to   | Tule. NORTHER  | IN DISTRI                   | CT OF ILLIN                                      | 1013   |              |                  |         |  |
| Cas                          | se number   |   |  |                             |  | -  |              |                  | _       | Check if this is an amended filing                           |
| n ea<br>hink<br>nfor<br>Ansv | ch category, sep<br>tit fits best. Be a<br>mation. If more s<br>ver every questic | A/B: P<br>parately list and das complete and<br>space is needed,<br>on. | roperty describe items. List accurate as possible attach a separate sl | e. If two m<br>neet to this | arried people<br>form. On the                    | n asset fits in more than on<br>are filing together, both are<br>top of any additional page:<br>n or Have an Interest In | equally resp | onsible for su   | pplyir  | g correct  |
|                              | No. Go to Part 2  |   |  |                             |  |  |              |                  |         |  |
| 1.1                          |   |   |  | What is                     | the property                                     | ? Check all that apply   |              |                  |         |  |
|                              | 17039 Evan Street address, if a   | <b>s Dr</b><br>vailable, or other de                                    | scription  |                             | Single-family h<br>Duplex or mult<br>Condominium |  | the amoun    | t of any secure  | d claim | r exemptions. Put<br>ns on Schedule D:<br>cured by Property. |
|                              | South Holla   | nd IL   | 60473-0000   |                             | Manufactured                                     | or mobile home   | entire pro   |                  |         | rent value of the tion you own?                              |
|                              | City  | State   | ZIP Code   | _                           | nvestment pro                                    | pperty   | \$1          | 69,559.00        |         | \$169,559.00   |
|                              |   |   |  |                             | Timeshare<br>Other                               | in the manual 201  | (such as f   |                  |         | wnership interest<br>by the entireties, or                   |
|                              |   |   |  |                             | Debtor 1 only                                    | in the property? Check one   | Fee sim      | -                |         |  |
|                              |   |   |  |                             | •  |  |              |                  |         |  |
|                              | Cook  |   |  |                             | Debtor 2 only                                    |  |              |                  |         |  |
|                              | Cook County   |   |  |                             | Debtor 2 only<br>Debtor 1 and D                  | Debtor 2 only  | □ Chec       | k if this is com | munit   | v property   |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$169,559.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 12 of 73

| Debte                      |   |  | ase number (if known)                    |  |
|----------------------------|---|--|--|--|
| 3. <b>Ca</b>               | rs, vans, trucks, tra                                     | actors, sport utility vehicles, motorcycles  |  |  |
|                            | No  |  |  |  |
| <b>—</b>                   | Yes   |  |  |  |
| 0.4                        | Make: Jeep  | Who has an interest in the assessed of   | Do not deduct secured                    | claims or exemptions. Put  |
| 3.1                        | Datalat   | Who has an interest in the property? Check one   | the amount of any secu                   | red claims on Schedule D:  |
|                            | Model: Patriot Year: 2016                                 | Debtor 1 only  |  | aims Secured by Property.  |
|                            | Approximate mileage                                       | □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | Current value of the<br>entire property? | Current value of the portion you own?  |
|                            | Other information:  | At least one of the debtors and another  | chino property.                          | portion you own.   |
|                            | Car:  |  |  |  |
|                            |   | Check if this is community property (see instructions)   | \$13,400.00                              | \$13,400.00  |
| 3.2                        | Make: Chevro  | lot I  | Do not deduct secured                    | claims or exemptions. Put  |
| 3.2                        | Model: Impala   | Who has an interest in the property? Check one  Debtor 1 only  | the amount of any secu                   | red claims on Schedule D:  |
|                            | Year: 2014  | Debtor 2 only  | Creditors who have Cr                    | aims Secured by Property.  |
|                            | Approximate mileage                                       |  | Current value of the<br>entire property? | Current value of the portion you own?  |
|                            | Other information:  | At least one of the debtors and another  | entire property:                         | portion you own:   |
|                            |   | ☐ Check if this is community property  | \$10,825.00                              | \$10,825.00  |
|                            |   | (see instructions)   | -  | ·  |
|                            |   | of the portion you own for all of your entries from Part 2, including an   |  | \$24,225.00  |
| .pa                        | ges you have attac  | ched for Part 2. Write that number here  | =>                                       | Ψ24,223.00   |
| Part 3                     | Describe Your Per   | sonal and Household Items  |  |  |
| Do y                       | ou own or have an   | y legal or equitable interest in any of the following items?   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| E                          | usehold goods and<br>camples: Major appli<br>No           | d furnishings<br>ances, furniture, linens, china, kitchenware  |  |  |
|                            | Yes. Describe   |  |  |  |
|                            |   | Misc. Household Goods (Bedroom Furniture, Kitchen App<br>tables, chairs, sofas, and Tvs)                                   | liances,                                 |  |
|                            |   | tables, chairs, soras, and Tvs)  |  | \$1,000,00   |
|                            | ectronics   | and radios; audio, video, stereo, and digital equipment; computers, printe   | ers, scanners; music collec              | \$1,000.00   |
| -                          | •   |  |  | ·  |
|                            | •   | ell phones, cameras, media players, games  |  | ·  |
|                            | including c   |  |  | ·  |
| . Co                       | No Yes. Describe  Ilectibles of value camples: Antiques a |  | t objects; stamp, coin, or b             | tions; electronic devices  |
| 3. <b>Co</b><br><i>E</i> > | No Yes. Describe  Ilectibles of value camples: Antiques a | ell phones, cameras, media players, games  nd figurines; paintings, prints, or other artwork; books, pictures, or other ar | t objects; stamp, coin, or b             | tions; electronic devices  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 13 of 73 Debtor 1 **Kevin Brown** Debtor 2 Case number (if known) Lashonda Brown 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$150.00 **Used Clothing** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$500.00 Misc. Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,650.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on Hand \$20.00 17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

Institution name: ■ Yes.....

> Citibank \$5.00 17.1

Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Case 17-27086 Document Page 14 of 73 Debtor 1 **Kevin Brown** Debtor 2 Case number (if known) Lashonda Brown

|     | 17.2.   | Checking                    | Citibank  | \$15.00                    |
|-----|---|-----------------------------|---|----------------------------|
|     |   |                             | Illiana CII   | <b>*</b> FF 00             |
|     | 17.3.   |                             | Illiana CU  | \$55.00                    |
|     | 17.4.   | Checking                    | Urban Partnership Bank  | \$20.00                    |
|     |   |                             |   |                            |
| 18. | _ '   |                             | ge firms, money market accounts   |                            |
|     | ■ No □ Yes  | Institution or issuer name  | 9:  |                            |
| 19. | Non-publicly traded stock and joint venture                             | interests in incorporate    | ed and unincorporated businesses, including an interest in  | n an LLC, partnership, and |
|     | ■ No  |                             |   |                            |
|     | ☐ Yes. Give specific information Nar                                    | about them<br>me of entity: | % of ownership:   |                            |
| 20. | Negotiable instruments include p  | personal checks, cashiers   | le and non-negotiable instruments s' checks, promissory notes, and money orders. r to someone by signing or delivering them.                    |                            |
|     | No  |                             |   |                            |
|     | ☐ Yes. Give specific information a lsst                                 | about them<br>uer name:     |   |                            |
| 21. | Retirement or pension account Examples: Interests in IRA, ERIS          |                             | ), thrift savings accounts, or other pension or profit-sharing pla  | ans                        |
|     | Yes. List each account separate   | tely.                       |   |                            |
|     | Туре  | of account:                 | Institution name:   |                            |
|     |   |                             | 401(k) w/ Current Employer - 100% exempt  | \$85,000.00                |
|     |   | ts you have made so that    | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies Institution name or individual: | s, or others               |
| 23. | Annuities (A contract for a perior                                      | dic payment of money to     | you, either for life or for a number of years)  |                            |
|     | ■ No<br>□ Yes Issuer nam  | ne and description.         |   |                            |
| 24. | Interests in an education IRA, in 26 U.S.C. §§ 530(b)(1), 529A(b), ■ No |                             | ied ABLE program, or under a qualified state tuition progr  | am.                        |
|     |   | name and description. Se    | parately file the records of any interests.11 U.S.C. § 521(c):  |                            |
| 25. | , ·   | rests in property (other    | than anything listed in line 1), and rights or powers exerc   | isable for your benefit    |
|     | <ul><li>■ No</li><li>□ Yes. Give specific information</li></ul>         | about them                  |   |                            |
|     |   |                             |   |                            |
| 26. | Patents, copyrights, trademark<br>Examples: Internet domain name        |                             | her intellectual property om royalties and licensing agreements   |                            |

Official Form 106A/B Schedule A/B: Property page 4

 $\hfill \square$  Yes. Give specific information about them...

Entered 09/11/17 13:32:12 Case 17-27086 Doc 1 Filed 09/11/17 Desc Main Page 15 of 73 Document Debtor 1 **Kevin Brown** Debtor 2 Case number (if known) Lashonda Brown 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: Term Life Insurance Policy w/ \$0.00 **Employer - No CSV Primerica - Term Life Insurance** \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information..

L

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here.....

\$85,115.00

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 16 of 73 Debtor 1 **Kevin Brown** Debtor 2 Lashonda Brown Case number (if known) Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$169,559.00 Part 2: Total vehicles, line 5 \$24,225.00 57. Part 3: Total personal and household items, line 15 \$1,650.00 Part 4: Total financial assets, line 36 \$85,115.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$110,990.00 Copy personal property total \$110,990.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$280,549.00

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main

|                     |                          | DUGUIIIE          | III Paue 17 OLA | <u> </u> |  |
|---------------------|--------------------------|-------------------|-----------------|----------|--|
| Fill in this infor  | mation to identify your  | case:             |                 |          |  |
| Debtor 1            | Kevin Brown              |                   |                 |          |  |
|                     | First Name               | Middle Name       | Last Name       |          |  |
| Debtor 2            | Lashonda Brown           |                   |                 |          |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |          |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |          |  |
| Case number         |                          |                   |                 |          | Chapte if this is a                    |
| (II KIIOWII)        |                          |                   |                 |          | ☐ Check if this is a<br>amended filing |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| •                                    | • •                               |   |   |
|--------------------------------------|-----------------------------------|---|---|
| Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption  |
| Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |   |
| \$169,559.00                         |                                   | \$14,033.00   | 735 ILCS 5/12-901   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |   |
| \$13,400.00                          |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |   |
| \$1,000.00                           |                                   | \$1,000.00  | 735 ILCS 5/12-1001(b)   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |   |
| \$150.00                             |                                   | 100%  | 735 ILCS 5/12-1001(a)   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |   |
| \$500.00                             |                                   | \$500.00  | 735 ILCS 5/12-1001(b)   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |   |
|                                      | \$13,400.00 \$150.00              | \$13,400.00 \$150.00 \$1500.00 \$1500.00                        | Check only one box for each exemption.  \$169,559.00  \$14,033.00  100% of fair market value, up to any applicable statutory limit  \$13,400.00  \$1,000.00  \$ |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 18 of 73

Lashonda Brown Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Cash on Hand 735 ILCS 5/12-1001(b) \$20.00 \$20.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Citibank 735 ILCS 5/12-1001(b) \$5.00 \$5.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Checking: Citibank** 735 ILCS 5/12-1001(b) \$15.00 \$15.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 401(k) w/ Current Employer - 100% 735 ILCS 5/12-1006 100% \$85,000.00 exempt Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

Debtor 1

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main

|                            |                           | Document   | Page 1               | 9 of 73                    |  |                      |
|----------------------------|---------------------------|--|----------------------|----------------------------|--|----------------------|
| Fill in this informat      | ion to identify you       | r case:  |                      |                            |  |                      |
| Debtor 1                   | Kevin Brown               |  |                      |                            |  |                      |
| DCDIOI 1                   | First Name                | Middle Name  | Last Name            |                            | -  |                      |
| Debtor 2                   | Lashonda Brow             | n  |                      |                            |  |                      |
|                            | First Name                | Middle Name  | Last Name            |                            | -  |                      |
|                            |                           | NODTHERN BIOTRICT OF ILLI  |                      |                            |  |                      |
| United States Bankr        | uptcy Court for the:      | NORTHERN DISTRICT OF ILLI  | NOIS                 |                            |  |                      |
| Case number                |                           |  |                      |                            |  |                      |
| (if known)                 |                           |  |                      |                            | ☐ Check                                      | cif this is an       |
|                            |                           |  |                      |                            |  | ded filing           |
|                            |                           |  |                      |                            |  | ·····g               |
| Official Form              | 106D                      |  |                      |                            |  |                      |
|                            | <del></del>               | Who Llove Claims   | `                    | d by Droport               |  | 40/45                |
| Schedule D                 | : Creditors               | Who Have Claims S  | secure               | a by Propert               | <u>y                                    </u> | 12/15                |
| Be as complete and ac      | curate as possible. I     | f two married people are filing togethe  | r, both are e        | qually responsible for si  | upplying correct information                 | ation. If more space |
|                            | dditional Page, fill it o | out, number the entries, and attach it to  | this form. (         | on the top of any addition | nal pages, write your na                     | ime and case         |
| number (if known).         |                           |  |                      |                            |  |                      |
| I. Do any creditors ha     | ve claims secured by      | your property?   |                      |                            |  |                      |
| □ No. Check th             | is box and submit th      | nis form to the court with your other s  | schedules.           | ou have nothing else t     | to report on this form.                      |                      |
| Yes. Fill in all           | l of the information b    | pelow.   |                      |                            |  |                      |
| Part 1: List All S         | Secured Claims            |  |                      |                            |  |                      |
|                            |                           |  |                      | Column A                   | Column B                                     | Column C             |
|                            |                           | nore than one secured claim, list the cred<br>a particular claim, list the other creditors |                      | Amount of claim            | Value of collateral                          | Unsecured            |
|                            |                           | cal order according to the creditor's name.  |                      | Do not deduct the          | that supports this                           | portion              |
|                            |                           |  |                      | value of collateral.       | claim  | if any               |
| 2.1 Chrysler Ca            | pital                     | Describe the property that secures the   | e claim:             | \$28,913.00                | \$13,400.00                                  | \$15,513.00          |
| Creditor's Name            |                           | 2016 Jeep Patriot  |                      |                            |  |                      |
|                            |                           | Car:   |                      |                            |  |                      |
| Po Pov 0613                | 75                        | As of the date you file, the claim is: C   | heck all that        |                            |  |                      |
| Po Box 9612<br>Fort Worth, | -                         | apply.   |                      |                            |  |                      |
| <u>·</u>                   |                           | Contingent   |                      |                            |  |                      |
| Number, Street, Cit        | y, State & Zip Code       | Unliquidated   |                      |                            |  |                      |
| Who awas the debt          | Charle and                | Disputed   |                      |                            |  |                      |
| Who owes the debt          | r Check one.              | Nature of lien. Check all that apply.  |                      |                            |  |                      |
| Debtor 1 only              |                           |  | ortgage or se        | curea                      |  |                      |
| Debtor 2 only              |                           |  |                      |                            |  |                      |
| Debtor 1 and Debto         | or 2 only                 | ☐ Statutory lien (such as tax lien, mech   | nanic's lien)        |                            |  |                      |
| At least one of the        |                           | ☐ Judgment lien from a lawsuit   |                      |                            |  |                      |
| ☐ Check if this claim      | relates to a              | ☐ Other (including a right to offset)  |                      |                            |  |                      |
| community debt             |                           |  |                      |                            |  |                      |
|                            | Opened                    |  |                      |                            |  |                      |
|                            | 07/16 Last                |  |                      |                            |  |                      |
|                            | Active                    |  |                      |                            |  |                      |
| Date debt was incurre      | ed 12/29/16               | Last 4 digits of account number  | er 1000              |                            |  |                      |
|                            |                           |  |                      |                            |  |                      |
| 2.2 Consumer F             | Portfolio Svc             | Describe the property that secures th  | e claim:             | \$28,657.00                | \$10,825.00                                  | \$17,832.00          |
| Creditor's Name            |                           | 2014 Chevrolet I Impala  |                      |                            |  |                      |
|                            |                           | -  |                      |                            |  |                      |
|                            |                           | As of the data you file the elaim is: 0  | la a al a all dia ad |                            |  |                      |
| Po Box 5707                |                           | As of the date you file, the claim is: C apply.  | neck all that        |                            |  |                      |
| Irvine, CA 92              | 2619                      | ☐ Contingent   |                      |                            |  |                      |
| Number, Street, Cit        | y, State & Zip Code       | ☐ Unliquidated   |                      |                            |  |                      |
|                            |                           | ☐ Disputed   |                      |                            |  |                      |
| Who owes the debt          | ? Check one.              | Nature of lien. Check all that apply.  |                      |                            |  |                      |
| Debtor 1 only              |                           | ☐ An agreement you made (such as m   | ortgage or se        | cured                      |  |                      |
| Debtor 2 only              |                           | car loan)  |                      |                            |  |                      |
| Debtor 1 and Debto         | or 2 only                 | ☐ Statutory lien (such as tax lien, mech   | nanic's lien)        |                            |  |                      |
| ☐ At least one of the o    |                           | ☐ Judgment lien from a lawsuit   | ,                    |                            |  |                      |

# Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 20 of 73

|                |  |   |   | •                     |                       |              |        |
|----------------|--|---|---|-----------------------|-----------------------|--------------|--------|
| Debtor 1       | <b>Kevin Bro</b>   | wn  |   |                       | Case number (if know) |              |        |
| _              | First Name   | Middle                                    | Name Last Name  |                       |                       |              |        |
| Debtor 2       | Lashonda   | Brown                                     |   |                       |                       |              |        |
| -              | First Name   | Middle                                    | Name Last Name  |                       |                       |              |        |
|                | if this claim re<br>unity debt   | elates to a                               | ☐ Other (including a right to off                     | set)                  |                       |              |        |
| Date debt v    | was incurred   | Opened<br>03/15 Last<br>Active<br>1/30/17 | Last 4 digits of account                              | t number 9523         |                       |              |        |
| 2.3 <b>Wel</b> | Is Fargo H   | m Mortgag                                 | Describe the property that sec                        | ures the claim:       | \$155,526.00          | \$169,559.00 | \$0.00 |
|                | or's Name  |   | 17039 Evans Dr South H<br>60473 Cook County           | iolland, IL           |                       |              | •      |
|                | 0 Stagecoa<br>derick, MD   |   | As of the date you file, the claim apply.  Contingent | im is: Check all that |                       |              |        |
| Numb           | er, Street, City, S  | State & Zip Code                          | ☐ Unliquidated  |                       |                       |              |        |
|                |  |   | ☐ Disputed  |                       |                       |              |        |
| Who owes       | s the debt? C  | heck one.                                 | Nature of lien. Check all that a                      | pply.                 |                       |              |        |
| ■ Debtor 1     | -  |   | An agreement you made (su car loan)                   | ch as mortgage or se  | ecured                |              |        |
|                | 1 and Debtor 2   | ? only                                    | ☐ Statutory lien (such as tax lie                     | n. mechanic's lien)   |                       |              |        |
|                |  | otors and another                         | ☐ Judgment lien from a lawsuit                        |                       |                       |              |        |
| ☐ Check i      | if this claim re<br>unity debt   |   | Other (including a right to off                       | set)                  |                       |              |        |
| <b>S</b>       |  | Opened<br>07/11 Last<br>Active            |   | rnumber 3735          |                       |              |        |
| Date debt v    | was incurred   | 1/25/17                                   | Last 4 digits of account                              | number 3/33           |                       |              |        |
|                |  |   |   |                       |                       |              |        |
|                |  | -   | Column A on this page. Write tha                      |                       | \$213,096.            | 00           |        |
|                | the last page of the state of t | •   | the dollar value totals from all p                    | ages.                 | \$213,096.            | 00           |        |
|                |  |   |   |                       |                       |              |        |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main

|                 | Cas                            | Se 11-21000 L                   | Document  |                       | 1 of 73                               | .2 Des         | oc mani                   |
|-----------------|--------------------------------|---------------------------------|---|-----------------------|---------------------------------------|----------------|---------------------------|
| Filli           | n this inform                  | ation to identify your c        |   | 1 111112              |                                       |                |                           |
| Deb             | tor 1                          | Kevin Brown                     |   |                       |                                       |                |                           |
| 200             | .0. 1                          | First Name                      | Middle Name   | Last Name             |                                       |                |                           |
| Deb             | tor 2                          | Lashonda Brown                  |   |                       |                                       |                |                           |
| (Spou           | ise if, filing)                | First Name                      | Middle Name   | Last Name             |                                       |                |                           |
| Unit            | ed States Ban                  | kruptcy Court for the:          | NORTHERN DISTRICT OF  | ILLINOIS              |                                       |                |                           |
| Case<br>(if knd | e number                       |                                 |   |                       |                                       |                | Check if this is an       |
|                 |                                |                                 |   |                       |                                       | а              | mended filing             |
| Offi            | cial Form                      | 106F/F                          |   |                       |                                       |                |                           |
|                 |                                |                                 | ho Have Unsecure  | ed Claims             |                                       |                | 12/15                     |
|                 |                                |                                 | e Part 1 for creditors with PRIC  |                       | Part 2 for creditors with NONDI       | PIOPITY clai   |                           |
| eft. A          | ttach the Cont<br>and case num |                                 | ured by Property. If more space<br>e. If you have no information to<br>secured Claims |                       |                                       |                |                           |
|                 |                                | rs have priority unsecured      |   |                       |                                       |                |                           |
|                 | No. Go to Pa                   |                                 | a olamo agamot you .  |                       |                                       |                |                           |
| _               | ■ No. Go to Fa<br>□ Yes.       | 111 2.                          |   |                       |                                       |                |                           |
|                 |                                | of Your NONPRIORIT              | V Unsecured Claims  |                       |                                       |                |                           |
|                 |                                | rs have nonpriority unsec       |   |                       |                                       |                |                           |
|                 | _ '                            |                                 |   | with your other ache  | adulaa                                |                |                           |
|                 | Yes.                           | e nothing to report in this pa  | art. Submit this form to the court  | with your other scrie | edules.                               |                |                           |
|                 |                                | nonnrigrity unsecured cla       | aims in the alphabetical order  | of the creditor who   | holds each claim If a creditor        | has more tha   | in one nonpriority        |
| t               | insecured claim                | n, list the creditor separately | of for each claim. For each claim list the other creditors in Part 3.lf               | sted, identify what t | ype of claim it is. Do not list clain | ns already inc | cluded in Part 1. If more |
|                 |                                |                                 |   |                       |                                       |                | Total claim               |
| 4.1             | Affiliated                     | d                               | Last 4 digits of  | account number        | 0361                                  |                | \$720.00                  |
|                 | Nonpriority                    | Creditor's Name                 |   |                       | Onened 0/20/40 Leet                   | A a4!a         |                           |
|                 | Po Box 7<br>Sunrise            | 790001<br>Beach, MO 65079       | When was the  | debt incurred?        | Opened 9/20/16 Last 12/01/16          | Active         | =                         |
|                 |                                | reet City State Zlp Code        | As of the date y  | ou file, the claim i  | s: Check all that apply               |                |                           |
|                 | _                              | red the debt? Check one.        |   |                       |                                       |                |                           |
|                 | ☐ Debtor                       | •                               | ☐ Contingent  |                       |                                       |                |                           |
|                 | Debtor 2                       | 2 only                          | ☐ Unliquidated  |                       |                                       |                |                           |
|                 | ☐ Debtor ′                     | 1 and Debtor 2 only             | ☐ Disputed  |                       |                                       |                |                           |
|                 | ☐ At least                     | one of the debtors and ano      |   | RIORITY unsecured     | d claim:                              |                |                           |
|                 |                                | if this claim is for a comm     |   |                       |                                       |                |                           |
|                 | debt<br>Is the clain           | n subject to offset?            | Obligations a report as priority  |                       | ration agreement or divorce that      | you did not    |                           |
|                 | ■ No                           |                                 |   |                       | g plans, and other similar debts      |                |                           |
|                 | ☐ Yes                          |                                 | •   | •                     | Sales Contract                        |                |                           |
|                 |                                |                                 | — Other Speci   | ,,                    | · · · · · · · · · · · · · · · ·       |                |                           |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 22 of 73

Debtor 1 Kevin Brown

| Debtor 2 Lashonda Brown |   | Case number (if know)   |  |            |  |  |
|-------------------------|---|---|--|------------|--|--|
| 4.2                     | Afni, Inc.  | Last 4 digits of account number                               | 9870   | \$2,756.00 |  |  |
|                         | Nonpriority Creditor's Name Po Box 3097   | When was the debt incurred?                                   | Opened 10/16                                 |            |  |  |
|                         | Bloomington, IL 61702  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |  |
|                         | ☐ Debtor 1 only   | ☐ Contingent  |  |            |  |  |
|                         | ■ Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |
|                         | ☐ Debtor 1 and Debtor 2 only  | Disputed  |  |            |  |  |
|                         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |  |
|                         | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |  |  |
|                         | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims   | ration agreement or divorce that you did not |            |  |  |
|                         | ■ No  | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |  |  |
|                         | Yes   | Other. Specify Collection                                     | Attorney At T Mobility                       |            |  |  |
| 4.3                     | Allied Interstate   | Last 4 digits of account number                               |  | \$140.00   |  |  |
|                         | Nonpriority Creditor's Name PO Box 4000 Warrenton, VA 20188                                 | When was the debt incurred?                                   |  |            |  |  |
|                         | Number Street City State Zlp Code  Who incurred the debt? Check one.                        | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |  |
|                         | Debtor 1 only   | ☐ Contingent  |  |            |  |  |
|                         | Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |
|                         | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |  |
|                         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |  |
|                         | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |  |  |
|                         | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims   | ration agreement or divorce that you did not |            |  |  |
|                         | ■ No  | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |  |  |
|                         | Yes   | Other. Specify Collection                                     | Agency                                       |            |  |  |
| 4.4                     | Atg Credit  | Last 4 digits of account number                               | 5072   | \$27.00    |  |  |
|                         | Nonpriority Creditor's Name<br>1700 W Cortland St Ste 2<br>Chicago, IL 60622                | When was the debt incurred?                                   | Opened 03/16                                 |            |  |  |
|                         | Number Street City State Zlp Code  Who incurred the debt? Check one.                        | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |  |
|                         | ■ Debtor 1 only   | ☐ Contingent  |  |            |  |  |
|                         | Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |
|                         | ☐ Debtor 1 and Debtor 2 only  | Disputed  |  |            |  |  |
|                         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |  |
|                         | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |  |  |
|                         | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |  |  |
|                         | No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |  |  |
|                         | ☐ Yes   | ■ Other. Specify Speciali                                     | Attorney Associated Urological               |            |  |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 23 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown                                    |  | Case number (if know)                        |          |
|------------------|--|--|--|----------|
| 4.5              | Atg Credit Nonpriority Creditor's Name                               | Last 4 digits of account number                              | 3185   | \$12.00  |
|                  | 1700 W Cortland St Ste 2<br>Chicago, IL 60622                        | When was the debt incurred?                                  | Opened 04/16                                 |          |
| -                | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | s: Check all that apply                      |          |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |          |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |  |          |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|                  | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|                  | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|                  | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|                  | Yes  | ■ Other. Specify Collection Speciali                         | Attorney Associated Urological               |          |
| 4.6              | Cavalry Portfolio Serv   | Last 4 digits of account number                              | 7503   | \$922.00 |
|                  | Nonpriority Creditor's Name Po Box 27288 Tempe, AZ 85285             | When was the debt incurred?                                  | Opened 08/16                                 |          |
| -                | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |          |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |          |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                  | Debtor 1 and Debtor 2 only   | □ Disputed   |  |          |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|                  | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|                  | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|                  | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|                  | Yes  | Other. Specify Collection                                    | Attorney Synchrony Bank                      |          |
| 4.7              | Cavalry Portfolio Serv Nonpriority Creditor's Name                   | Last 4 digits of account number                              | 4394   | \$539.00 |
|                  | Po Box 27288<br>Tempe, AZ 85285                                      | When was the debt incurred?                                  | Opened 03/13                                 |          |
| -                | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |          |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |          |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|                  | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|                  | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |
|                  | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|                  | ☐ Yes  | Other. Specify Collection                                    | Attorney Hsbc Bank Nevada                    |          |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 24 of 73

| Debtor 2 | 1 Kevin Brown<br>2 Lashonda Brown                                    |  | Case number (if know)                         |             |
|----------|--|--|---|-------------|
| 4.8      | Cavalry Portfolio Serv   | Last 4 digits of account number                              | 4827  | \$511.00    |
|          | Nonpriority Creditor's Name Po Box 27288 Tempe, AZ 85285             | When was the debt incurred?                                  | Opened 12/12                                  |             |
| -        | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | is: Check all that apply                      |             |
|          | ☐ Debtor 1 only  | ☐ Contingent   |   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
|          | Check if this claim is for a community debt                          |  | aration agreement or divorce that you did not |             |
|          | Is the claim subject to offset?                                      | report as priority claims                                    | a plane, and other similar debte              |             |
|          | ■ No   | ☐ Debts to pension or profit-sharin                          | •   |             |
|          | Yes  | Other. Specify Collection                                    | Attorney Hsbc Bank Nevada                     |             |
|          | Chase Bp Prvt LbI Nonpriority Creditor's Name                        | Last 4 digits of account number                              | 5756  | \$559.00    |
|          | Po Box 15298<br>Wilmington, DE 19850                                 | When was the debt incurred?                                  | Opened 05/91 Last Active 8/24/12              |             |
| -        | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |             |
|          | Who incurred the debt? Check one.                                    |  |   |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
|          | ☐ Check if this claim is for a community                             | Student loans  |   |             |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |             |
|          | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |             |
|          | Yes  | Other. Specify Charge Acc                                    | count   |             |
| 4.1      | Chicago Public Schools   | Last 4 digits of account number                              |   | \$28,000.00 |
|          | Nonpriority Creditor's Name Legal Department 42 W Madison            | When was the debt incurred?                                  |   |             |
|          | Chicago, IL 60602  | As of the data was file the elector                          | in Charle II that are by                      |             |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                       |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another                            | d claim:   |   |             |
|          | Check if this claim is for a community                               | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?                                 |  | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |             |
|          | Yes  | Other. Specify   |   |             |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 25 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown   |  | Case number (if know)                         |          |
|------------------|---|--|---|----------|
| 4.1<br>1         | Client Services, Inc.   | _ Last 4 digits of account number                            |   | \$283.00 |
|                  | Nonpriority Creditor's Name<br>3451 Harry S. Truman Blvd.<br>Saint Charles, MO 63301-4047 | When was the debt incurred?                                  |   |          |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |   |          |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|                  | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |          |
|                  | Yes   | Other. Specify   |   |          |
| 4.1              | Collection Bureau Of A  | Last 4 digits of account number                              | 6273  | \$530.00 |
|                  | Nonpriority Creditor's Name<br>25954 Eden Landing Rd<br>Hayward, CA 94545                 | When was the debt incurred?                                  | Opened 11/12                                  |          |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | Who incurred the debt? Check one.   |  |   |          |
|                  | ■ Debtor 1 only   | ☐ Contingent   |   |          |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|                  | No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |          |
|                  | ☐ Yes   | Other. Specify  Collection Inc                               | Attorney Ds Waters Of America                 |          |
| 4.1              | Comenity Bank/nwyrk&co Nonpriority Creditor's Name  | Last 4 digits of account number                              | 0923  | \$453.00 |
|                  | 220 W Schrock Rd<br>Westerville, OH 43081   | When was the debt incurred?                                  | Opened 03/16 Last Active 9/01/16              |          |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | Who incurred the debt? Check one.   |  |   |          |
|                  | Debtor 1 only   | ☐ Contingent   |   |          |
|                  | Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|                  | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |          |
|                  | ☐ Yes   | Other. Specify Charge Ac                                     | count   |          |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 26 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown  |  | Case number (if know)                         |            |
|------------------|--|--|---|------------|
| 4.1              | Comenity Bank/valctyfr Nonpriority Creditor's Name                                   | Last 4 digits of account number                              | 4069  | \$557.00   |
|                  | Po Box 182789<br>Columbus, OH 43218  | When was the debt incurred?                                  | Opened 7/25/11 Last Active 8/08/14            |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                 | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                  | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | ed claim:                                     |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not |            |
|                  | ■ No   | Debts to pension or profit-shari                             | ng plans, and other similar debts             |            |
|                  | Yes  | ■ Other. Specify Charge Ac                                   | count   |            |
| 4.1              | Consumer Portfolio Services  | Last 4 digits of account number                              |   | \$2,262.00 |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy 16355 Laguna Canyon Rd Irvine, CA 92618 | When was the debt incurred?                                  |   |            |
| •                | Number Street City State Zlp Code  Who incurred the debt? Check one.                 | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                  | Debtor 1 only  | ☐ Contingent   |   |            |
|                  | Debtor 2 only  | ☐ Unliquidated   |   |            |
|                  | ■ Debtor 1 and Debtor 2 only   | Disputed   |   |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | ed claim:                                     |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a sep report as priority claims   | aration agreement or divorce that you did not |            |
|                  | ■ No   | Debts to pension or profit-shari                             | ng plans, and other similar debts             |            |
|                  | Yes  | Other. Specify   |   |            |
| 4.1              | Credit Management Lp Nonpriority Creditor's Name                                     | Last 4 digits of account number                              | 7342  | \$439.00   |
|                  | 4200 International Pkwy Carrollton, TX 75007   | When was the debt incurred?                                  | Opened 10/16                                  |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                 | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |   |            |
|                  | ■ Debtor 2 only  | ☐ Unliquidated   |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | ed claim:                                     |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a sep report as priority claims   | aration agreement or divorce that you did not |            |
|                  | ■ No   | Debts to pension or profit-shari                             | ng plans, and other similar debts             |            |
|                  | Yes  | Collection  Other. Specify  Warehouse                        | Attorney Comcast Central                      |            |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 27 of 73

|     | 1 Kevin Brown<br>2 Lashonda Brown  |  | Case number (if know)                        |            |
|-----|--|--|--|------------|
| 4.1 | Credit One Bank Na Nonpriority Creditor's Name   | Last 4 digits of account number  | 1028   | \$454.00   |
|     | Po Box 98872<br>Las Vegas, NV 89193  | When was the debt incurred?  | Opened 03/16 Last Active 1/06/17             |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.                                    | As of the date you file, the claim i   | s: Check all that apply                      |            |
|     | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans                      | d claim:                                     |            |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                          |  | ration agreement or divorce that you did not |            |
|     | ■ No □ Yes   | □ Debts to pension or profit-sharin ■ Other. Specify Credit Card   |  |            |
| 4.1 | Dept Of Ed/navient Nonpriority Creditor's Name   | Last 4 digits of account number  | 0916   | \$7,883.00 |
|     | Po Box 9635<br>Wilkes Barre, PA 18773  | When was the debt incurred?  | Opened 09/15 Last Active 1/31/17             |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.                                    | As of the date you file, the claim i   | s: Check all that apply                      |            |
|     | ☐ Debtor 1 only  | ☐ Contingent   |  |            |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ☐ Debtor 1 and Debtor 2 only   | Disputed   |  |            |
|     | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured  |  |            |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                          | <ul> <li>Student loans</li> <li>Obligations arising out of a sepa<br/>report as priority claims</li> </ul> | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharin  | g plans, and other similar debts             |            |
|     | Yes  | Other. Specify   |  |            |
|     |  | Educationa   | ı  |            |
| 4.1 | Dept Of Ed/navient  Nonpriority Creditor's Name  | Last 4 digits of account number  | 1016   | \$7,274.00 |
|     | Po Box 9635<br>Wilkes Barre, PA 18773  | When was the debt incurred?  | Opened 10/08 Last Active 1/31/17             |            |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.                                   | As of the date you file, the claim i   | s: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |  |            |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ☐ Debtor 1 and Debtor 2 only   | Disputed   | L. L. L.                                     |            |
|     | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:                                     |            |
|     | Check if this claim is for a community   | Student loans  |  |            |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharin  | g plans, and other similar debts             |            |
|     | □Yes   | Other. Specify   |  |            |
|     |  | Educationa   |  |            |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 28 of 73

|     | 2 Lashonda Brown  |   | Case number (if know)   |            |
|-----|---|---|---|------------|
| 4.2 | Dept Of Ed/navient  | Last 4 digits of account number   | 0512  | \$5,899.00 |
|     | Nonpriority Creditor's Name  Po Box 9635  Wilkes Barre, PA 18773  Number Street City State Zlp Code   | When was the debt incurred?  As of the date you file, the claim i                                       | Opened 05/10 Last Active 1/31/17 s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.  Debtor 1 only  | ☐ Contingent  | ,   |            |
|     | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | report as priority claims  Debts to pension or profit-sharin  Other. Specify                            | ration agreement or divorce that you did not g plans, and other similar debts |            |
|     |   | Educationa  | l   |            |
| 4.2 | Dept Of Ed/navient  Nonpriority Creditor's Name   | Last 4 digits of account number   | 0902  | \$5,098.00 |
|     | Po Box 9635<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 09/10 Last Active 1/31/17  |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i  | s: Check all that apply   |            |
|     | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community                                 | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ■ Student loans                   | d claim:  |            |
|     | debt Is the claim subject to offset?  ■ No  | ☐ Obligations arising out of a sepa<br>report as priority claims<br>☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not g plans, and other similar debts |            |
|     | Yes   | Other. Specify  | <u> </u>  |            |
|     |   | Educationa  | ı   |            |
| 4.2 | Dept Of Ed/navient  Nonpriority Creditor's Name  Po Box 9635 Wilkes Barre, PA 18773   | Last 4 digits of account number  When was the debt incurred?  | Opened 09/16 Last Active 1/31/17  | \$4,312.00 |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Check all that apply   |            |
|     | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |   |            |
|     | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured   |   |            |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | report as priority claims   | ration agreement or divorce that you did not                                  |            |
|     | ■ No □ Yes  | <ul><li>□ Debts to pension or profit-sharin</li><li>□ Other. Specify</li></ul>                          | g plans, and other similar debts  |            |
|     |   | Educationa  | I   |            |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 29 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown   |   | Case number (if know)                        |            |
|------------------|---|---|--|------------|
| 4.2              | Dept Of Ed/navient Nonpriority Creditor's Name                                | Last 4 digits of account number   | 0903   | \$2,785.00 |
|                  | Po Box 9635<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 09/09 Last Active 1/31/17             |            |
| -                | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim  | s: Check all that apply                      |            |
|                  | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                  | ☐ Contingent ☐ Unliquidated ☐ Disputed  |  |            |
|                  | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ■ Student loans □ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |            |
|                  | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts             |            |
|                  | ☐ Yes   | Other. Specify  |  |            |
|                  |   | Educationa  | ıl   |            |
| 4.2              | Dept Of Ed/navient  | Last 4 digits of account number   | 0512   | \$2,562.00 |
|                  | Nonpriority Creditor's Name Po Box 9635 Wilkes Barre, PA 18773                | When was the debt incurred?   | Opened 05/10 Last Active 1/31/17             |            |
| -                | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim  | s: Check all that apply                      |            |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |            |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured   |  |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ■ Student loans  ☐ Obligations arising out of a separeport as priority claims |  |            |
|                  | No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |
|                  | Yes   | Other. Specify  |  |            |
|                  |   | Educationa  | ıl   |            |
| 4.2              | Dept Of Ed/navient Nonpriority Creditor's Name                                | Last 4 digits of account number   | 0902   | \$2,417.00 |
|                  | Po Box 9635<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 09/10 Last Active 1/31/17             |            |
| •                | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim  | s: Check all that apply                      |            |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |            |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | Disputed  |  |            |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured   | a ciaim:                                     |            |
|                  | Check if this claim is for a community  | Student loans   |  |            |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims                | ration agreement or divorce that you did not |            |
|                  | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |
|                  | □ Yes   | Other. Specify  |  |            |
|                  |   | Educationa  | ıl   |            |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 30 of 73

|     | Lashonda Brown   |  | Case number (if know)                        |            |
|-----|--|--|--|------------|
| 4.2 | Diversified Consultant   | Last 4 digits of account number                              | 4096   | \$352.00   |
| 0   | Nonpriority Creditor's Name P O Box 551268   | When was the debt incurred?                                  | Opened 11/14                                 | <u> </u>   |
|     | Jacksonville, FL 32255  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |  |            |
|     | Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ☐ Check if this claim is for a community   | Student loans  |  |            |
|     | debt<br>Is the claim subject to offset?  | report as priority claims                                    | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | ■ Other. Specify Collection                                  | Attorney Sprint                              |            |
| 4.2 | Dsnb Macys   | Last 4 digits of account number                              | 2240   | \$283.00   |
|     | Nonpriority Creditor's Name  9111 Duke Blvd  | When was the debt incurred?                                  | Opened 09/11 Last Active 3/01/15             |            |
|     | Mason, OH 45040  Number Street City State Zlp Code  Who incurred the debt? Check one.        | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | ■ Debtor 1 only  |  |  |            |
|     | Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | ■ Other. Specify Charge Acc                                  | count  |            |
| 4.2 | FDC .  |  |  | ¢2.750.00  |
| 8   | ERC Nonpriority Creditor's Name  | Last 4 digits of account number                              |  | \$2,756.00 |
|     | PO Box 23870<br>Jacksonville, FL 32241   | When was the debt incurred?                                  |  |            |
|     | Number Street City State Zlp Code  | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.  |  |  |            |
|     | Debtor 1 only  | ☐ Contingent   |  |            |
|     | Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                |  |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|     | debt<br>Is the claim subject to offset?  | report as priority claims                                    | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | ☐ Yes  | Other. Specify   |  |            |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 31 of 73

| Debtor |   | Document Fage 3.   |  |          |
|--------|---|--|--|----------|
| Deptoi | 2 Lashonda Brown  |  | Case number (if know)                        |          |
| 4.2    | Fifth Third Bank/BK Dept  | Last 4 digits of account number                              |  | \$283.00 |
|        | Nonpriority Creditor's Name Bankruptcy Dept, Mail Drop #RSCB3E 1830 E Paris Ave SE Grand Rapids, MI 49546 | When was the debt incurred?                                  |  |          |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim i                         | s: Check all that apply                      |          |
|        | ☐ Debtor 1 only   | ☐ Contingent   |  |          |
|        | Debtor 2 only   | ☐ Unliquidated   |  |          |
|        | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|        | _   | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|        | At least one of the debtors and another   | ☐ Student loans  |  |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                             | _  | ration agreement or divorce that you did not |          |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|        | Yes   | Other. Specify Consumer                                      | Debt   |          |
| 4.3    | First Premier Bank  | Last 4 digits of account number                              | 3218   | \$501.00 |
|        | Nonpriority Creditor's Name 601 S Minnesota Ave Sioux Falls, SD 57104                                     | When was the debt incurred?                                  | Opened 04/09 Last Active 7/15/12             |          |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim i                         | s: Check all that apply                      |          |
|        | Debtor 1 only   | ☐ Contingent   |  |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|        | ☐ Check if this claim is for a community  | Student loans  |  |          |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|        | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |          |
|        | ☐ Yes   | ■ Other. Specify Credit Card                                 |  |          |
| 4.3    | First Source  | Last 4 digits of account number                              |  | \$358.00 |
|        | Nonpriority Creditor's Name 1661 Lyndon Farm Court Louisville, KY 40223                                   | When was the debt incurred?                                  |  |          |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim i                         | s: Check all that apply                      |          |
|        | ☐ Debtor 1 only   | ☐ Contingent   |  |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|        | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                |  |          |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|        | Yes   | Other. Specify   |  |          |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 32 of 73

| Debtoi<br>Debtoi | r 1 Kevin Brown<br>r 2 Lashonda Brown   |  | Case number (if know)                        |            |
|------------------|---|--|--|------------|
| 4.3              | Galaxy  | Last 4 digits of account number                              |  | \$1,032.00 |
|                  | Nonpriority Creditor's Name<br>1000 N West St, Ste 1224<br>Wilmington, DE 19801 | When was the debt incurred?                                  |  |            |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim                           | s: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.   | _  |  |            |
|                  | Debtor 1 only   | Contingent   |  |            |
|                  | Debtor 2 only   | Unliquidated   |  |            |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed   | L. L. L.                                     |            |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans               | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community debt                                   | _  |  |            |
|                  | Is the claim subject to offset?   | report as priority claims                                    | ration agreement or divorce that you did not |            |
|                  | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|                  | Yes   | Other. Specify   |  |            |
| 4.3              | Ginny's Inc   | Last 4 digits of account number                              | 663O   | \$413.00   |
|                  | Nonpriority Creditor's Name   | _  |  |            |
|                  | 1112 7th Ave<br>Monroe, WI 53566  | When was the debt incurred?                                  | Opened 07/14 Last Active 4/13/15             |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.             | As of the date you file, the claim                           |  |            |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |  |            |
|                  | Debtor 2 only   | ☐ Unliquidated   |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |  |            |
|                  | ☐ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|                  | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|                  | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|                  | Yes   | Other. Specify Charge Acc                                    | count  |            |
| 4.3              | Illinois Department of Revenue  | Last 4 digits of account number                              |  | Unknown    |
|                  | Nonpriority Creditor's Name Bankruptcy Section PO Box 64338                     | When was the debt incurred?                                  |  |            |
|                  | Chicago, IL 60664-0338  | _  |  |            |
|                  | Number Street City State ZIp Code Who incurred the debt? Check one.             | As of the date you file, the claim                           | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|                  | Debtor 2 only   | ☐ Unliquidated   |  |            |
|                  | Debtor 1 and Debtor 2 only  | Disputed   |  |            |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |
|                  | Check if this claim is for a community debt                                     |  | ration agreement or divorce that you did not |            |
|                  | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debts             |            |
|                  | ■ No  |  |  |            |
|                  | ☐ Yes   | Other. Specify Notice Only                                   |  |            |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 33 of 73

|     | 1 Kevin Brown<br>2 Lashonda Brown  | Case number (if know)   |               |
|-----|--|---|---------------|
| 4.3 | Illinois Dept of Employment Securit  | Last 4 digits of account number Notic Only  | Unknown       |
|     | Nonpriority Creditor's Name Bankruptcy Unit Collection Subdivis  | When was the debt incurred?   |               |
| -   | 33 S State St 10th Floor Chicago, IL 60603 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |               |
|     | ■ Debtor 1 only  | ☐ Contingent  |               |
|     | Debtor 2 only  | ☐ Unliquidated  |               |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |               |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |               |
|     | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |               |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |               |
|     | ☐ Yes  | Other. Specify Notice Only  |               |
| 4.3 | Internal Revenue Service   | Last 4 digits of account number   | Unknown       |
|     | Nonpriority Creditor's Name PO Box 7346  | When was the debt incurred?   | <del></del> - |
|     | Philadelphia, PA 19101-7346  Number Street City State Zlp Code   | As of the date you file the claim in Check all that apply   |               |
|     | Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |               |
|     | Debtor 1 only  | Occasionary.  |               |
|     | _  | ☐ Contingent  |               |
|     | Debtor 2 only  | ☐ Unliquidated  |               |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |               |
|     | At least one of the debtors and another  | ☐ Student loans   |               |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                                  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |               |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |               |
|     | □ Yes  | Other. Specify Notice Only  |               |
| 4.3 |  |   |               |
| 4.3 | Lvnv Funding Llc Nonpriority Creditor's Name   | Last 4 digits of account number 6002  | \$732.00      |
| _   | Po Box 10497<br>Greenville, SC 29603   | When was the debt incurred? Opened 04/15  |               |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |               |
|     | ☐ Debtor 1 only  | ☐ Contingent  |               |
|     | ■ Debtor 2 only  | ☐ Unliquidated  |               |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |               |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |               |
|     | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |               |
|     | Is the claim subject to offset?  | report as priority claims   |               |
|     | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |               |
|     | □Yes   | ■ Other. Specify  |               |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 34 of 73

| Debioi 2 | Lashonda Brown   |  | _                         | Case number (if kn                | ow)                     |            |
|----------|--|--|---------------------------|-----------------------------------|-------------------------|------------|
| 0        | Merrick Bank   | Last 4 digits of acc                       | ount number               | 8052                              |                         | \$1,311.00 |
|          | Nonpriority Creditor's Name  Po Box 9201 Old Bethpage, NY 11804                | When was the deb                           | t incurred?               | Opened 12/15 Last Active 10/02/16 |                         |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you                         | file, the claim i         | is: Check all that apply          | ý                       |            |
|          | Debtor 1 only  | ☐ Contingent                               |                           |                                   |                         |            |
|          | Debtor 2 only  | ☐ Unliquidated                             |                           |                                   |                         |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed                                 |                           |                                   |                         |            |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIOR                           | RITY unsecured            | d claim:                          |                         |            |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans                            |                           |                                   |                         |            |
|          | debt<br>Is the claim subject to offset?  | Obligations arising report as priority cla |                           | ration agreement or d             | ivorce that you did not |            |
|          | ■ No   | Debts to pension                           | or profit-sharin          | g plans, and other sim            | nilar debts             |            |
|          | ☐ Yes  | Other. Specify                             | Credit Card               | l                                 |                         |            |
| 4.3      | Midland Funding  | Last 4 digits of acc                       | ount number               | 0720                              |                         | \$874.00   |
|          | Nonpriority Creditor's Name<br>2365 Northside Dr Ste 30<br>San Diego, CA 92108 | When was the deb                           |                           | Opened 12/13                      |                         | ** **      |
|          | Number Street City State Zlp Code  | As of the date you                         | file, the claim i         | is: Check all that apply          | y                       |            |
| ,        | Who incurred the debt? Check one.  |  |                           |                                   |                         |            |
|          | Debtor 1 only  | ☐ Contingent                               |                           |                                   |                         |            |
|          | Debtor 2 only  | □ Unliquidated                             |                           |                                   |                         |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed                                 |                           |                                   |                         |            |
|          | At least one of the debtors and another  | Type of NONPRIOR                           | RITY unsecured            | d claim:                          |                         |            |
|          | ☐ Check if this claim is for a community                                       | Student loans                              |                           |                                   |                         |            |
|          | debt<br>Is the claim subject to offset?  | report as priority cla                     | ims                       | -                                 | ivorce that you did not |            |
|          | No   | ☐ Debts to pension                         | or profit-sharin          | g plans, and other sim            | nilar debts             |            |
|          | Yes  | Other. Specify                             | Factoring C<br>Bank Usa N | Company Accou<br>N.A.             | nt Capital One          |            |
|          | Midland Funding  | Last 4 digits of acc                       | ount number               | 4567                              |                         | \$536.00   |
|          | Nonpriority Creditor's Name<br>2365 Northside Dr Ste 30<br>San Diego, CA 92108 | When was the deb                           | t incurred?               | <b>Opened 08/16</b>               |                         |            |
|          | Number Street City State Zlp Code  | As of the date you                         | file, the claim i         | is: Check all that apply          | У                       |            |
| ,        | Who incurred the debt? Check one.  |  |                           |                                   |                         |            |
|          | Debtor 1 only  | ☐ Contingent                               |                           |                                   |                         |            |
|          | Debtor 2 only  | ☐ Unliquidated                             |                           |                                   |                         |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed                                 |                           |                                   |                         |            |
|          | At least one of the debtors and another  | Type of NONPRIOR                           | RITY unsecured            | d claim:                          |                         |            |
|          | ☐ Check if this claim is for a community                                       | Student loans                              |                           |                                   |                         |            |
|          | debt<br>Is the claim subject to offset?  | Obligations arising report as priority cla |                           | ration agreement or d             | ivorce that you did not |            |
|          | ■ No   | <u></u>                                    |                           | g plans, and other sim            | nilar debts             |            |
|          | ☐ Yes  | Other. Specify                             | Factoring C<br>Bank       | Company Accou                     | nt Synchrony            |            |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 35 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown   |   | Case number (if know)  |             |  |
|------------------|---|---|--|-------------|--|
| 4.4              | Navient   | Last 4 digits of account number   | 0110   | \$28,163.00 |  |
|                  | Nonpriority Creditor's Name Po Box 9500 Wilkes Barre, PA 18773                | When was the debt incurred?   | Opened 01/03 Last Active 12/12/05  |             |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim i  | s: Check all that apply  |             |  |
|                  | ☐ Debtor 1 only   | Contingent  |  |             |  |
|                  | Debtor 2 only   | Unliquidated  |  |             |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | Disputed  | I alata  |             |  |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured   | i ciaim:   |             |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? |   | ■ Student loans  ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |
|                  | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts   |             |  |
|                  | ☐ Yes   | Other. Specify  |  |             |  |
|                  |   | Educationa  | ı  |             |  |
| 4.4              | Navient Nonpriority Creditor's Name   | Last 4 digits of account number   | 1109   | \$6,316.00  |  |
|                  | Po Box 9500<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 11/07 Last Active 1/31/17   |             |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim i  | s: Check all that apply  |             |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |             |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |  |             |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |  |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured   |  |             |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <ul><li>Student loans</li><li>Obligations arising out of a sepa report as priority claims</li></ul> |  |             |  |
|                  | No  | Debts to pension or profit-sharin   |  |             |  |
|                  | Yes   | ☐ Other. Specify  |  |             |  |
|                  | LI Tes  | Educationa  | <br>I  |             |  |
| 4.4              | Navient Solutions Inc Nonpriority Creditor's Name                             | Last 4 digits of account number   | 0903   | Unknown     |  |
|                  | Po Box 9500<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 09/09 Last Active 09/10   |             |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim i  | s: Check all that apply  |             |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |             |  |
|                  | Debtor 2 only   | ☐ Unliquidated  |  |             |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |  |
|                  | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   |  |             |  |
|                  | ☐ Check if this claim is for a community                                      | Student loans   |  |             |  |
|                  | debt Is the claim subject to offset? —  | report as priority claims   | ration agreement or divorce that you did not   |             |  |
|                  | No  | Debts to pension or profit-sharin   | g plans, and other similar debts   |             |  |
|                  | Yes   | Other. Specify  |  |             |  |
|                  |   | Educationa  | l  |             |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 36 of 73

| Debtoi<br>Debtoi | 1 Kevin Brown<br>2 Lashonda Brown   |   | Case number (if know)   |         |  |  |
|------------------|---|---|---|---------|--|--|
| 4.4              | Navient Solutions Inc  Nonpriority Creditor's Name                            | Last 4 digits of account number   | 0512  | Unknown |  |  |
|                  | Po Box 9500<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 05/10 Last Active 09/10  |         |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim i  | s: Check all that apply   |         |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |   |         |  |  |
|                  | Debtor 2 only   | ☐ Unliquidated  |   |         |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |         |  |  |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured   | d claim:  |         |  |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? |   | ■ Student loans  ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims. |         |  |  |
|                  | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts  |         |  |  |
|                  | □Yes  | Other. Specify  |   |         |  |  |
|                  |   | Educationa  | I   |         |  |  |
| 4.4<br>5         | Navient Solutions Inc  Nonpriority Creditor's Name                            | Last 4 digits of account number   | 0512  | Unknown |  |  |
|                  | Po Box 9500<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 05/10 Last Active 09/10  |         |  |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim i  | s: Check all that apply   |         |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |   |         |  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |   |         |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |         |  |  |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured   |   |         |  |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <ul><li>Student loans</li><li>Obligations arising out of a sepa report as priority claims</li></ul> |   |         |  |  |
|                  | No  | <u></u>   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |         |  |  |
|                  | Yes   | ☐ Other. Specify  | g prano, and outer outline. doors   |         |  |  |
|                  | 165   | Educationa  | <br>  |         |  |  |
| 4.4<br>6         | Navient Solutions Inc  Nonpriority Creditor's Name                            | Last 4 digits of account number   | 1016  | Unknown |  |  |
|                  | Po Box 9500<br>Wilkes Barre, PA 18773   | When was the debt incurred?   | Opened 10/08 Last Active 09/09  |         |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim i  | s: Check all that apply   |         |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |   |         |  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |   |         |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |         |  |  |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured   |   |         |  |  |
|                  | Check if this claim is for a community  | Student loans   |   |         |  |  |
|                  | debt Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not  |         |  |  |
|                  | No  | Debts to pension or profit-sharin   | g plans, and other similar debts  |         |  |  |
|                  | Yes   | Other. Specify  |   |         |  |  |
|                  |   | Educationa  | I   |         |  |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 37 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown  |   | Case number (if know)                         |            |  |
|------------------|--|---|---|------------|--|
| 4.4<br>7         | Portfolio Recovery Ass   | Last 4 digits of account number                                     | 1105  | \$1,126.00 |  |
|                  | Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502       | When was the debt incurred?   | Opened 08/14                                  |            |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.          | As of the date you file, the claim                                  | is: Check all that apply                      |            |  |
|                  | ■ Debtor 1 only  | ☐ Contingent  |   |            |  |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |
|                  | $\square$ At least one of the debtors and another                            | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |
|                  | ☐ Check if this claim is for a community                                     | Student loans   |   |            |  |
|                  | debt Is the claim subject to offset?   | report as priority claims   | ration agreement or divorce that you did not  |            |  |
|                  | ■ No   | Debts to pension or profit-sharing                                  |   |            |  |
|                  | Yes  | ■ Other. Specify Factoring (  | Company Account Citibank N.A.                 |            |  |
| 4.4              | Portfolio Recovery Ass   | Last 4 digits of account number                                     | 5215  | \$822.00   |  |
|                  | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502 | When was the debt incurred?   | Opened 06/14                                  |            |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.         | As of the date you file, the claim                                  | is: Check all that apply                      |            |  |
|                  | ■ Debtor 1 only  | ☐ Contingent  |   |            |  |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |
|                  | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |
|                  | ☐ Check if this claim is for a community                                     | ☐ Student loans   |   |            |  |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims          |   |            |  |
|                  | ■ No   | Debts to pension or profit-sharing                                  | g plans, and other similar debts              |            |  |
|                  | ☐ Yes  |   | Company Account World<br>letwork Bank         |            |  |
| 4.4              | Portfolio Recovery Ass   | Last 4 digits of account number                                     | 2263  | \$745.00   |  |
|                  | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502 | When was the debt incurred?   | Opened 08/16                                  |            |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.          | As of the date you file, the claim                                  | is: Check all that apply                      |            |  |
|                  | Debtor 1 only  | ☐ Contingent  |   |            |  |
|                  | ■ Debtor 2 only  | ☐ Unliquidated  |   |            |  |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |
|                  | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |
|                  | ☐ Check if this claim is for a community                                     | ☐ Student loans   |   |            |  |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims        | aration agreement or divorce that you did not |            |  |
|                  | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts |   |            |  |
|                  | ☐Yes   | ■ Other. Specify Nevada N.A   | Company Account Hsbc Bank                     |            |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 38 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown  |   | Case number (if know)                           |          |  |  |
|------------------|--|---|---|----------|--|--|
| V 1              | Portfolio Recovery Ass   | Last 4 digits of account numb   | er 6608   | \$704.00 |  |  |
|                  | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502                   | When was the debt incurred?   | Opened 08/16                                    |          |  |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                           | As of the date you file, the claim  | im is: Check all that apply                     |          |  |  |
|                  | ☐ Debtor 1 only  | ☐ Contingent  |   |          |  |  |
|                  | Debtor 2 only  | ☐ Unliquidated  |   |          |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |  |  |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecu  | ured claim:                                     |          |  |  |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |  |  |
|                  | debt   |   |   |          |  |  |
|                  | ■ No   | Debts to pension or profit-sha  | aring plans, and other similar debts            |          |  |  |
|                  | ☐ Yes ☐ Other. Specify ☐ Bank Usa N.A. ☐ Factoring Company Account Capital One ☐ Bank Usa N.A. |   |   |          |  |  |
| 4.5              | Portfolio Recovery Ass   | Last 4 digits of account numb   | er 4870   | \$651.00 |  |  |
|                  | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502                   | When was the debt incurred?   | Opened 10/14                                    |          |  |  |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim  | im is: Check all that apply                     |          |  |  |
|                  | Who incurred the debt? Check one.  |   |   |          |  |  |
|                  | Debtor 1 only  | ☐ Contingent  |   |          |  |  |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated  |   |          |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |  |  |
|                  | ☐ At least one of the debtors and another  |   | Type of NONPRIORITY unsecured claim:            |          |  |  |
|                  | Check if this claim is for a community debt  |   | eparation agreement or divorce that you did not |          |  |  |
|                  | Is the claim subject to offset?  | report as priority claims   |   |          |  |  |
|                  | ■ No   |   | aring plans, and other similar debts            |          |  |  |
|                  | Yes  | Other. Specify Bank Us  | g Company Account Capital One<br>a N.A.         |          |  |  |
| 4.5              | Portfolio Recovery Ass   | Last 4 digits of account numb   | er 4143   | \$576.00 |  |  |
|                  | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502                   | When was the debt incurred?   | Opened 02/15                                    |          |  |  |
|                  | Number Street City State Zlp Code  | As of the date you file, the cla  | im is: Check all that apply                     |          |  |  |
|                  | Who incurred the debt? Check one.  |   |   |          |  |  |
|                  | Debtor 1 only  | ☐ Contingent  |   |          |  |  |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated  |   |          |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only   | ,   |   |          |  |  |
|                  | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecu  | ured claim:                                     |          |  |  |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |  |  |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |          |  |  |
|                  | ■ No   |   | aring plans, and other similar debts            |          |  |  |
|                  | Yes  | ■ Other. Specify Nevada   | g Company Account Hsbc Bank<br>N.A.             |          |  |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 39 of 73

| Debtoi<br>Debtoi | 11 Kevin Brown<br>12 Lashonda Brown   |  | Case number (if know)                        |             |  |  |  |
|------------------|---|--|--|-------------|--|--|--|
| 4.5              | Portfolio Recovery Ass  | Last 4 digits of account number                              | 5177   | \$489.00    |  |  |  |
|                  | Nonpriority Creditor's Name 120 Corporate Blvd Ste 1                                    | When was the debt incurred?                                  | Opened 05/15                                 |             |  |  |  |
|                  | Norfolk, VA 23502  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |             |  |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|                  | $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |
|                  | ☐ Check if this claim is for a community  | Student loans  |  |             |  |  |  |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |  |  |  |
|                  | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |
|                  | Yes   | ■ Other. Specify Bank  |  |             |  |  |  |
| 4.5              | Portfolio Recovery Ass  | Last 4 digits of account number                              | 9014   | \$351.00    |  |  |  |
|                  | Nonpriority Creditor's Name<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502            | When was the debt incurred?                                  | Opened 07/16                                 |             |  |  |  |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                     |             |  |  |  |
|                  | Who incurred the debt? Check one.   |  |  |             |  |  |  |
|                  | ■ Debtor 1 only   | 1 only   |  |             |  |  |  |
|                  | Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|                  | $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |
|                  | ☐ Check if this claim is for a community  | Student loans  |  |             |  |  |  |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |  |  |  |
|                  | No  | Debts to pension or profit-sharin                            | a plane, and other similar debts             |             |  |  |  |
|                  | ■ No □ Yes  | Factoring ( Bank   |  |             |  |  |  |
| 4.5              | Dagara 9 Hal  |  | 8903   | \$369.00    |  |  |  |
| 5                | Rogers & Hol Nonpriority Creditor's Name  | Last 4 digits of account number                              |  | <del></del> |  |  |  |
|                  | Po Box 879<br>Matteson, IL 60443  | When was the debt incurred?                                  | Opened 9/28/05 Last Active 1/19/17           |             |  |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.                     | As of the date you file, the claim                           | is: Check all that apply                     |             |  |  |  |
|                  | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|                  | ☐ Debtor 2 only   |  |  |             |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | □ Debtor 1 and Debtor 2 only □ Disputed                      |  |             |  |  |  |
|                  | $\square$ At least one of the debtors and another                                       |  |  |             |  |  |  |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |  |             |  |  |  |
|                  | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |  |  |  |
|                  | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |
|                  | Yes   | ■ Other. Specify Charge Acc                                  | count  |             |  |  |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 40 of 73

|     | 1 Kevin Brown<br>2 Lashonda Brown                                    |  | Case number (if know)                         |          |  |
|-----|--|--|---|----------|--|
| 4.5 | Senex Services Corp  | Last 4 digits of account number                            | 91N1  | \$379.00 |  |
|     | Nonpriority Creditor's Name 333 Founds Rd Indianapolis, IN 46268     | When was the debt incurred?                                | Opened 02/13                                  |          |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |          |  |
|     | ☐ Debtor 1 only  | ☐ Contingent   |   |          |  |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |   |          |  |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                      |          |  |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |  |
|     | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |  |
|     | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |  |
|     | Yes  | ■ Other. Specify Hospita                                   | Attorney Little Company Of Mary               |          |  |
| 4.5 | Senex Services Corp  | Last 4 digits of account number                            | 6578  | \$179.00 |  |
|     | Nonpriority Creditor's Name 333 Founds Rd Indianapolis, IN 46268     | When was the debt incurred?                                | Opened 12/13                                  |          |  |
|     | Number Street City State Zlp Code                                    | As of the date you file, the claim                         | is: Check all that apply                      |          |  |
|     | Who incurred the debt? Check one.                                    |  |   |          |  |
|     | ☐ Debtor 1 only ☐ Contingent   |  |   |          |  |
|     | ■ Debtor 2 only □ Unliquidated                                       |  |   |          |  |
|     | Debtor 1 and Debtor 2 only   | Disputed   |   |          |  |
|     | At least one of the debtors and another                              | Type of NONPRIORITY unsecured  ☐ Student loans             | d claim:                                      |          |  |
|     | ☐ Check if this claim is for a community debt                        | _  | aration agreement or divorce that you did not |          |  |
|     | Is the claim subject to offset?                                      | report as priority claims                                  | aration agreement of divorce that you did not |          |  |
|     | No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |  |
|     | ☐ Yes  | Collection And Other. Specify Hospita                      | Attorney Little Company Of Mary               |          |  |
| 4.5 | Senex Services Corp  | Last 4 digits of account number                            | 19N1  | \$99.00  |  |
|     | Nonpriority Creditor's Name 333 Founds Rd                            | When was the debt incurred?                                | Opened 02/13                                  |          |  |
|     | Indianapolis, IN 46268  Number Street City State Zlp Code            | As of the date you file, the claim                         | ie: Chack all that apply                      |          |  |
|     | Who incurred the debt? Check one.                                    | As of the date you me, the claim                           | в. Спеск ан шат арргу                         |          |  |
|     | ☐ Debtor 1 only  | ☐ Contingent   |   |          |  |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |   |          |  |
|     | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |   |          |  |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                      |          |  |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |  |
|     | debt Is the claim subject to offset?                                 | report as priority claims                                  | aration agreement or divorce that you did not |          |  |
|     | ■ No   | ☐ Debts to pension or profit-sharing                       | •   |          |  |
|     | Yes  | ■ Other. Specify Hospita                                   | Attorney Little Company Of Mary               |          |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 41 of 73

| Debtor<br>Debtor | 1 Kevin Brown<br>2 Lashonda Brown                                    |  | Case number (if know)                        |         |
|------------------|--|--|--|---------|
| 4.5<br>9         | Senex Services Corp  | Last 4 digits of account number                            | 34N1   | \$43.00 |
|                  | Nonpriority Creditor's Name 333 Founds Rd Indianapolis, IN 46268     | When was the debt incurred?                                | Opened 02/13                                 |         |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                      |         |
|                  | Debtor 1 only  | ☐ Contingent   |  |         |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |         |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |         |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                     |         |
|                  | ☐ Check if this claim is for a community debt                        |  | ration agreement or divorce that you did not |         |
|                  | Is the claim subject to offset?                                      | report as priority claims                                  |  |         |
|                  | ■ No   | Debts to pension or profit-sharing                         | <del>-</del> •                               |         |
|                  | Yes  | ■ Other. Specify Hospita                                   | Attorney Little Company Of Mary              |         |
| 4.6              | Senex Services Corp  | Last 4 digits of account number                            | 33N1   | \$27.00 |
|                  | Nonpriority Creditor's Name 333 Founds Rd Indianapolis, IN 46268     | When was the debt incurred?                                | Opened 02/13                                 |         |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                         | s: Check all that apply                      |         |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |  |         |
|                  | ■ Debtor 2 only  | ☐ Unliquidated   |  |         |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |         |
|                  | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                              | d claim:                                     |         |
|                  | $\square$ Check if this claim is for a community                     | ☐ Student loans  |  |         |
|                  | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |         |
|                  | ■ No   | Debts to pension or profit-sharin                          | g plans, and other similar debts             |         |
|                  | Yes  | Other. Specify  Collection Hospita                         | Attorney Little Company Of Mary              |         |
| 4.6              | Syncb/walmart Dc   | Last 4 digits of account number                            | 5157   | \$10.00 |
|                  | Nonpriority Creditor's Name Po Box 965024 Orlando, FL 32896          | When was the debt incurred?                                | Opened 09/14 Last Active 1/24/17             |         |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                      |         |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |  |         |
|                  | Debtor 2 only  |  |  |         |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed                                   |  |         |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                     |         |
|                  | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |         |
|                  | debt Is the claim subject to offset?                                 | report as priority claims                                  | ration agreement or divorce that you did not |         |
|                  | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts             |         |
|                  | Yes  | Other. Specify Credit Card                                 | <u> </u>                                     |         |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 42 of 73

|     | 1 Kevin Brown<br>2 Lashonda Brown                                       |  | Case number (if know)                        |          |
|-----|---|--|--|----------|
| 4.6 | Td Bank Usa/targetcred  | Last 4 digits of account number                              | 1923   | \$463.00 |
|     | Nonpriority Creditor's Name   | _  |  |          |
|     | Po Box 673<br>Minneapolis, MN 55440                                     | When was the debt incurred?                                  | Opened 09/05 Last Active<br>11/02/14         |          |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.     | As of the date you file, the claim                           | s: Check all that apply                      |          |
|     | ☐ Debtor 1 only   | ☐ Contingent   |  |          |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|     | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|     | ☐ Check if this claim is for a community                                | ☐ Student loans  |  |          |
|     | debt Is the claim subject to offset?                                    | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |
|     | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|     | Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |          |
| 4.6 | Verizon Wireless  Nonpriority Creditor's Name                           | Last 4 digits of account number                              | 0001   | \$384.00 |
|     | Po Box 49<br>Lakeland, FL 33802   | When was the debt incurred?                                  | Opened 12/14 Last Active 5/31/15             |          |
|     | Number Street City State Zlp Code  As of the date you file, the claim i |  | s: Check all that apply                      |          |
|     | Who incurred the debt? Check one.                                       |  |  |          |
|     | ☐ Debtor 1 only   | ☐ Contingent   |  |          |
|     | ■ Debtor 2 only   | ☐ Unliquidated   |  |          |
|     | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |  |          |
|     | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|     | ☐ Check if this claim is for a community                                | ☐ Student loans  |  |          |
|     | debt Is the claim subject to offset?                                    | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|     | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|     | Yes   | Other. Specify   |  |          |
| 4.6 | Vision Fin Nonpriority Creditor's Name                                  | Last 4 digits of account number                              | 3057   | \$103.00 |
|     | 1900 W Severs Rd<br>La Porte, IN 46350                                  | When was the debt incurred?                                  |  |          |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.     | As of the date you file, the claim                           | s: Check all that apply                      |          |
|     | ☐ Debtor 1 only   | ☐ Contingent   |  |          |
|     | ■ Debtor 2 only   | ☐ Unliquidated   |  |          |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|     | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|     | ☐ Check if this claim is for a community                                | ☐ Student loans  |  |          |
|     | debt Is the claim subject to offset?                                    | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |
|     | No  | Debts to pension or profit-sharing                           | a plans, and other similar debts             |          |
|     | □ Yes   |  |  |          |
|     | □ res   | ■ Other. Specify Ingalls Mer                                 | norial Hospital                              |          |

#### Entered 09/11/17 13:32:12 Desc Main Case 17-27086 Doc 1 Filed 09/11/17 Document Page 43 of 73

Debtor 1 Kevin Brown Debtor 2 Lashonda Brown Case number (if know) 4.6 6008 \$85.00 Vision Fin Last 4 digits of account number 5 Nonpriority Creditor's Name 1900 W Severs Rd When was the debt incurred? La Porte, IN 46350 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Ingalls Memorial Hospital ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AT & T Mobility Line 4.28 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Karen Cavagnaro, Paralegal ■ Part 2: Creditors with Nonpriority Unsecured Claims One AT&T Way, Room 3A104 Bedminster, NJ 07921 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 30281 Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address ChexSystems Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7805 Hudson Rd, Ste 100 Part 2: Creditors with Nonpriority Unsecured Claims Saint Paul, MN 55125 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Chicago Public Schools** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Law Department Part 2: Creditors with Nonpriority Unsecured Claims 1 N Dearborn St #900 Chicago, IL 60602 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Linebarger Goggan Blair & Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Sampson ■ Part 2: Creditors with Nonpriority Unsecured Claims 233 S Wacker Suite 4030 Chicago, IL 60606 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): Macy's ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 183083 Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43218 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? NCCI Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 14 orchard road #100

Part 2: Creditors with Nonpriority Unsecured Claims

## Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 44 of 73

| Debtor 1 Kevin Brown Lashonda Brown    | Case number (if know)   |
|--|---|
| Lake Forest, CA 92630                  | Last 4 digits of account number   |
| Name and Address Northland Group       | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.11 of (Check one): |
| PO Box 390846<br>Minneapolis, MN 55439 | Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number              |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                    |     |   |     | Total Claim      |
|--------------------|-----|---|-----|------------------|
| Total              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|                    | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|                    | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|                    | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|                    |     |   |     | Total Claim      |
|                    | 6f. | Student loans   | 6f. | \$<br>72,709.00  |
| Total claims       |     |   |     |                  |
| from Part 2        | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|                    | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|                    | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>56,200.00  |
|                    | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>128,909.00 |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main

|   |                          |                   | 311 1 MM: <del>43</del> M 18 |  |
|---|--------------------------|-------------------|------------------------------|--|
| Fill in this info                       | rmation to identify your | case:             |                              |  |
| Debtor 1                                | Kevin Brown              |                   |                              |  |
|   | First Name               | Middle Name       | Last Name                    |  |
| Debtor 2                                | Lashonda Brown           |                   |                              |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name                    |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS                  |  |
| Case number                             |                          |                   |                              |  |
| (II KIIOWII)                            |                          |                   |                              |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with<br>Name, Number | whom you have the street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     |   |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.2 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | <del>_</del>                            |
|     | City      |                              | State   | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |                              | Olato   | 211 0000            |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | <u> </u>                                |
|     | City      |                              | State   | ZIP Code            |   |
| 2.4 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | <u> </u>                                |
|     | City      |                              | State   | ZIP Code            | <del>_</del>                            |
| 2.5 | - iii     |                              | Oldio   | 211 0000            |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | <u> </u>                                |
|     | City      |                              | State   | ZIP Code            | <u> </u>                                |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main

|                             |   | Docume   | ent Page 46 d           | of 73   |                       |
|-----------------------------|---|--|-------------------------|---|-----------------------|
| Fill in this                | s information to identify you   | ur case:   |                         |   |                       |
| Debtor 1                    | Kevin Brown   |  |                         |   |                       |
|                             | First Name  | Middle Name  | Last Name               |   |                       |
| Debtor 2<br>(Spouse if, fil | Lashonda Brov   | VN<br>Middle Name  | Last Name               |   |                       |
|                             |   |  |                         |   |                       |
| United Sta                  | ates Bankruptcy Court for the   | : NORTHERN DISTRICT  | OF ILLINOIS             |   |                       |
| Case num                    | nber  |  |                         |   |                       |
| (if known)                  |   |  |                         | ☐ Check if this is an   |                       |
|                             |   |  |                         | amended filing  |                       |
| Officia                     | l Form 106H   |  |                         |   |                       |
|                             | dule H: Your Co   | dobtors  |                         | 40  | IA E                  |
| Scried                      | dule n. Toul Co   | uebioi 5   |                         | 12  | /15                   |
| your name                   | e and case number (if know<br>you have any codebtors? (   | n). Answer every question                                  | ı.                      | e as a codebtor.  | rite                  |
| ■ No                        |   |  |                         |   |                       |
| ☐ Ye                        |   |  |                         |   |                       |
| 0.140                       |   |  |                         |   |                       |
|                             | t <b>nin the last 8 years, nave y</b><br>na, California, Idaho, Louisiar                          |  |                         | 'Y? (Community property states and territories include ington, and Wisconsin.)  |                       |
| _                           |   |  |                         | ,   |                       |
|                             | . Go to line 3.   |  |                         |   |                       |
| ⊔ Ye                        | s. Did your spouse, former sp   | oouse, or legal equivalent liv                             | e with you at the time? |   |                       |
| in lin<br>Form              | e 2 again as a codebtor onl<br>106D), Schedule E/F (Offic<br>column 2.<br>Column 1: Your codebtor | y if that person is a guarar<br>ial Form 106E/F), or Sched | ntor or cosigner. Make  | r if your spouse is filing with you. List the person s sure you have listed the creditor on Schedule D (OoG). Use Schedule D, Schedule E/F, or Schedule C | official<br>S to fill |
|                             | Name, Number, Street, City, State and   | d ZIP Code   |                         | Check all schedules that apply:   |                       |
| 3.1                         |   |  |                         | ☐ Schedule D, line  |                       |
| <del></del>                 | Name  |  |                         | ☐ Schedule E/F, line  |                       |
|                             |   |  |                         | ☐ Schedule G, line  |                       |
|                             | Number Street   |  |                         | _   |                       |
|                             | City  | State  | ZIP Code                |   |                       |
|                             |   |  |                         |   |                       |
| 3.2                         | Name  |  |                         | Schedule D, line  |                       |
|                             |   |  |                         | ☐ Schedule E/F, line  |                       |
|                             | N   |  |                         | — Scriedule S, IIIIe  |                       |
|                             | Number Street<br>City   | State  | ZIP Code                |   |                       |

#### Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 47 of 73

| Fill               | in this information t   | to identify your c                  | ase:  |  |                        |                        |                             |                              |
|--------------------|---|-------------------------------------|---|--|------------------------|------------------------|-----------------------------|------------------------------|
| Del                | btor 1  | Kevin Brow                          | n   |  |                        |                        |                             |                              |
| 1                  | btor 2<br>buse, if filing)                                      | Lashonda B                          | rown  |  |                        |                        |                             |                              |
| Uni                | ited States Bankrup   | otcy Court for the                  | : NORTHERN DISTRIC                                | CT OF ILLINOIS   |                        |                        |                             |                              |
|                    | se number   |                                     |   | -  | □ A                    |                        | J                           | stpetition chapter           |
| 0                  | fficial Form  | 106I                                |   |  | N                      | 1M / DD/ Y             | YYY                         |                              |
| S                  | chedule I:  | Your Inc                            | ome   |  |                        |                        |                             | 12/1                         |
| sup<br>spo<br>atta | plying correct info<br>use. If you are sep<br>ch a separate she | ormation. If you<br>parated and you | are married and not filing w                      | ople are filing together (Debtor 1<br>ng jointly, and your spouse is li<br>ith you, do not include informat<br>ional pages, write your name an | ving with<br>ion about | you, inclu<br>your spo | ide informations. If more s | n about your pace is needed, |
| 1.                 | Fill in your emplinformation.                                   | oyment                              |   | Debtor 1   |                        | Debtor 2               | or non-filing               | spouse                       |
|                    | If you have more  | than one job,                       |   | ■ Employed   |                        | ☐ Emplo                | yed                         |                              |
|                    | attach a separate<br>information about                          |                                     | Employment status                                 | ☐ Not employed   |                        | ■ Not er               | nployed                     |                              |
|                    | employers.  |                                     | Occupation  | Package Car Driver   |                        |                        |                             |                              |
|                    | Include part-time<br>self-employed wo                           |                                     | Employer's name                                   | UPS  |                        |                        |                             |                              |
|                    | Occupation may or homemaker, if                                 |                                     | Employer's address                                |  |                        |                        |                             |                              |
|                    |   |                                     | How long employed t                               | here? 30 Years   |                        | _                      |                             |                              |
| Pai                | ft 2: Give De   | tails About Mor                     | nthly Income                                      |  |                        |                        |                             |                              |
|                    | mate monthly incouse unless you are                             |                                     | ate you file this form. If                        | you have nothing to report for any   | line, write            | \$0 in the             | space. Include              | your non-filing              |
|                    | ou or your non-filing<br>e space, attach a s                    |                                     |   | ombine the information for all emp   | loyers for             | that perso             | n on the lines b            | pelow. If you need           |
|                    |   |                                     |   |  | For Del                | otor 1                 | For Debtor non-filing s     |                              |
| 2.                 |   |                                     | ry, and commissions (b calculate what the monthle |  | S8                     | ,120.00                | \$                          | 0.00                         |

Official Form 106I Schedule I: Your Income page 1

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

8,120.00

0.00

+\$

\$

3.

0.00

0.00

# Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 48 of 73

| Debt<br>Debt |                             | Kevin Brown<br>Lashonda Brown  | -            |                | Cas                | se number (if ki | nown)  |  |        |  |                  |
|--------------|-----------------------------|--|--------------|----------------|--------------------|------------------|--|--|--------|--|------------------|
|              |                             |  |              |                |                    | or Debtor 1      |  |  | Debtor | spouse                                       |                  |
|              | Cop                         | y line 4 here  | 4.           |                | \$                 | 8,120            | 0.00   | \$_  |        | 0.00   | -                |
| 5.           | List                        | all payroll deductions:  |              |                |                    |                  |  |  |        |  |                  |
|              | 5a.                         | Tax, Medicare, and Social Security deductions  | 58           | а.             | \$                 | 2,130            | 6.50   | \$   |        | 0.00   |                  |
|              | 5b.                         | Mandatory contributions for retirement plans   | 5b           | ٥.             | \$                 |                  | 0.00   | \$   |        | 0.00   | _                |
|              | 5c.                         | Voluntary contributions for retirement plans   | 50           | Э.             | \$                 |                  | 0.00   | \$   |        | 0.00   | -                |
|              | 5d.                         | Required repayments of retirement fund loans   | 50           | d.             | \$                 |                  | 0.00   | \$   |        | 0.00   | _                |
|              | 5e.                         | Insurance  | 56           | Э.             | \$                 | (                | 0.00   | \$_  |        | 0.00   | _                |
|              | 5f.                         | Domestic support obligations   | 5f           |                | \$                 |                  | 0.00   | \$   |        | 0.00   | _                |
|              | 5g.                         | Union dues   | 50           | -              | \$                 |                  | 4.00   | \$_  |        | 0.00   | _                |
|              | 5h.                         | Other deductions. Specify:   | _ 5h         | า.+            | \$                 |                  | 0.00   | + \$_  |        | 0.00   | -                |
| 6.           | Add                         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.           |                | \$                 | 2,210            | 0.50   | \$_  |        | 0.00   | _                |
| 7.           | Cald                        | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.           |                | \$                 | 5,909            | 9.50   | \$   |        | 0.00   | _                |
| 8.           | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | _ 8f<br>_ 8g | o.<br>d.<br>e. | \$\$ \$\$\$ \$\$\$ |                  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | -<br>-<br>-<br>- |
| 9.           | Add                         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.           |                | \$_                | (                | 0.00   | \$_  |        | 0.0  | 0                |
| 10.          | Cald                        | culate monthly income. Add line 7 + line 9.  | 10.          | \$             |                    | 5,909.50         | + \$   |  | 0.00   | = \$   | 5,909.50         |
|              |                             | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |              |                |                    | 0,000.00         |  |  |        | 1 L` —                                       | 0,000.00         |
| 11.          | Inclu<br>othe               | e all other regular contributions to the expenses that you list in Schedule use contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:  | dep          |                |                    |                  |  |  |        | ∍ J.<br>+\$                                  | 0.00             |
| 12.          |                             | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |              |                |                    |                  |  |  | 12.    | \$   | 5,909.50         |
| 13.          | Do y                        | you expect an increase or decrease within the year after you file this form' No. Yes. Explain:   | ?            |                |                    |                  |  |  |        | Combin month!                                | ned<br>y income  |

Official Form 106I Schedule I: Your Income page 2

|            |   |                                       |                                |   |                       | Ī               |                   |                               |
|------------|---|---------------------------------------|--------------------------------|---|-----------------------|-----------------|-------------------|-------------------------------|
| Fill       | in this informa                         | ation to identify yo                  | our case:                      |   |                       |                 |                   |                               |
| Deb        | otor 1                                  | Kevin Brown                           | า                              |   |                       |                 | t if this is:     |                               |
| Deb        | otor 2                                  | Lashonda B                            | rown                           |   |                       |                 | An amended filing | wing postpetition chapter     |
|            | ouse, if filing)                        | Lasilolida D                          | i Owii                         |   |                       |                 |                   | the following date:           |
| Unit       | ed States Bank                          | ruptcy Court for the                  | : NORTH                        | HERN DISTRICT OF ILLIN                                      | OIS                   |                 | MM / DD / YYYY    |                               |
|            | e number<br>nown)                       |                                       |                                |   |                       |                 |                   |                               |
| O          | fficial Fo                              | orm 106J                              |                                |   |                       |                 |                   |                               |
| S          | chedule                                 | J: Your                               | Exper                          | nses  |                       |                 |                   | 12/1                          |
| Be<br>info | as complete<br>ormation. If m           | and accurate as                       | possible eded, atta            | . If two married people ar<br>ich another sheet to this     |                       |                 |                   |                               |
| Par        |   | ribe Your House                       | ehold                          |   |                       |                 |                   |                               |
| 1.         | Is this a joir                          |                                       |                                |   |                       |                 |                   |                               |
|            |   |                                       | in a senar                     | ate household?  |                       |                 |                   |                               |
|            | = 1es. <b>D</b> 00                      |                                       | пта зерат                      | ate nousenoia :   |                       |                 |                   |                               |
|            | :                                       | -                                     | st file Offic                  | ial Form 106J-2, <i>Expense</i> s                           | for Separate House    | ehold of Debto  | or 2.             |                               |
| 2.         | Do you hay                              | e dependents?                         | □ No                           | •   | ·                     |                 |                   |                               |
| ۷.         | Do not list D<br>Debtor 2.              |                                       | Yes.                           | Fill out this information for each dependent                | Dependent's relation  |                 | Dependent's age   | Does dependent live with you? |
|            | Do not state                            | the                                   |                                |   |                       |                 |                   | □ No                          |
|            | dependents                              | names.                                |                                |   | Child                 |                 | 14                | Yes                           |
|            |   |                                       |                                |   | Child                 |                 | 18                | □ No<br>■ Yes                 |
|            |   |                                       |                                |   | Cilia                 |                 |                   | ■ Yes<br>□ No                 |
|            |   |                                       |                                |   |                       |                 |                   | ☐ Yes                         |
|            |   |                                       |                                |   |                       |                 |                   | □ No                          |
| 0          | <b>D</b>                                |                                       |                                |   |                       |                 |                   | ☐ Yes                         |
| 3.         | , ,                                     | penses include<br>of people other t   | han _                          | No  |                       |                 |                   |                               |
|            | • | d your depende                        |                                | Yes   |                       |                 |                   |                               |
| Par        | t 2: Estim                              | nate Your Ongoi                       | ng Month                       | ly Expenses   |                       |                 |                   |                               |
| Est        | imate your ex                           | a date after the                      |                                | uptcy filing date unless y<br>y is filed. If this is a supp |                       |                 |                   |                               |
| the        |   | h assistance an                       |                                | government assistance i cluded it on Schedule I: )          |                       |                 | Your exp          | enses                         |
| ,          |   | · - <i>'</i> /                        |                                |   |                       |                 |                   |                               |
| 4.         | The rental of payments ar               | or home owners<br>and any rent for th | <b>hip exper</b><br>e ground o | nses for your residence. I<br>or lot.                       | nclude first mortgage | e<br>4. \$      |                   | 1,465.00                      |
|            | If not include                          | ded in line 4:                        |                                |   |                       |                 |                   |                               |
|            | 4a. Real                                | estate taxes                          |                                |   |                       | 4a. \$          |                   | 0.00                          |
|            |   | erty, homeowner's                     | s, or renter                   | 's insurance  |                       | 4b. \$          |                   | 0.00                          |
|            |   |                                       |                                | upkeep expenses   |                       | 4c. \$          |                   | 100.00                        |
| 5.         |   | owner's associat                      |                                | dominium dues<br><b>our residence,</b> such as ho           | me equity loans       | 4d. \$<br>5. \$ |                   | 0.00<br>0.00                  |
| ٥.         | , wantional i                           | J. Lydy Payiii                        | ioi y                          |   | mo oquity idalis      | υ. ψ            |                   | 0.00                          |

# Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 50 of 73

| Debtor 1             |   |                      |                   |                             |
|----------------------|---|----------------------|-------------------|-----------------------------|
| ebtor 2              | Lashonda Brown  | Case numb            | er (if known)     |                             |
| 1 14:                | lities:   |                      |                   |                             |
| 5. <b>Uti</b><br>6a. |   | 6a.                  | \$                | 250.00                      |
| 6b.                  |   |                      | \$                | 100.00                      |
| 6c.                  |   |                      | \$                | 350.00                      |
| 6d.                  |   |                      | <b>\$</b> ———     | 0.00                        |
|                      | od and housekeeping supplies  |                      | <b>\$</b>         | 820.00                      |
|                      | ildcare and children's education costs  |                      | \$<br>            | 187.00                      |
| _                    | othing, laundry, and dry cleaning   |                      | \$                | 200.00                      |
|                      | rsonal care products and services   |                      | \$                | 200.00                      |
|                      | dical and dental expenses   |                      | \$<br>            | 200.00                      |
|                      | •   | 11.                  | Φ                 | 200.00                      |
|                      | ansportation. Include gas, maintenance, bus or train fare. not include car payments.    | 12.                  | \$                | 400.00                      |
|                      | tertainment, clubs, recreation, newspapers, magazines, and books                        | 13.                  | \$                | 100.00                      |
|                      | aritable contributions and religious donations  |                      | \$                | 0.00                        |
|                      | surance.  |                      |                   | 0.00                        |
|                      | not include insurance deducted from your pay or included in lines 4 or 20.              |                      |                   |                             |
|                      | a. Life insurance   | 15a.                 | \$                | 0.00                        |
| 15l                  | b. Health insurance   | 15b.                 | \$                | 137.00                      |
| 150                  | c. Vehicle insurance  | 15c.                 | \$                | 0.00                        |
| 150                  | d. Other insurance. Specify:  | 15d.                 | \$                | 0.00                        |
|                      | xes. Do not include taxes deducted from your pay or included in lines 4 or 20           | ).                   |                   |                             |
|                      | ecify:  | 16.                  | \$                | 0.00                        |
| 7. Ins               | stallment or lease payments:  |                      |                   |                             |
| 178                  | a. Car payments for Vehicle 1   | 17a.                 | \$                | 683.00                      |
| 17                   | o. Car payments for Vehicle 2   | 17b.                 | \$                | 713.00                      |
| 170                  | c. Other. Specify:  | 17c.                 | \$                | 0.00                        |
| 170                  | d. Other. Specify:  | 17d.                 | \$                | 0.00                        |
| 3. <b>Yo</b>         | ur payments of alimony, maintenance, and support that you did not rep                   | ort as               |                   |                             |
|                      | ducted from your pay on line 5, Schedule I, Your Income (Official Form                  | <b>106I).</b> 18.    | \$                | 0.00                        |
| 9. <b>Otl</b>        | her payments you make to support others who do not live with you.                       |                      | \$                | 0.00                        |
|                      | ecify:  | 19.                  |                   |                             |
|                      | her real property expenses not included in lines 4 or 5 of this form or or              |                      |                   |                             |
|                      | a. Mortgages on other property  | 20a.                 |                   | 0.00                        |
| 20l                  | o. Real estate taxes  | 20b.                 | \$                | 0.00                        |
| 200                  | c. Property, homeowner's, or renter's insurance   | 20c.                 | \$                | 0.00                        |
| 200                  | d. Maintenance, repair, and upkeep expenses   | 20d.                 | \$                | 0.00                        |
| 206                  | e. Homeowner's association or condominium dues  | 20e.                 | \$                | 0.00                        |
| l. Otl               | ner: Specify:   | 21.                  | +\$               | 0.00                        |
|                      | laulata vaur manthiu avnanaa  |                      |                   |                             |
|                      | Iculate your monthly expenses a. Add lines 4 through 21.                                |                      | \$                | E 00E 00                    |
|                      | <u> </u>  | 26.1.2               |                   | 5,905.00                    |
|                      | c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10          | J0J-2                | \$                |                             |
| 220                  | c. Add line 22a and 22b. The result is your monthly expenses.                           |                      | \$                | 5,905.00                    |
| 3. <b>C</b> a        | Iculate your monthly net income.  | L                    |                   |                             |
|                      | a. Copy line 12 (your combined monthly income) from Schedule I.                         | 23a.                 | \$                | 5,909.50                    |
|                      | b. Copy your monthly expenses from line 22c above.                                      | 23b.                 |                   | 5,905.00                    |
| _0.                  | ,   | 200.                 |                   | 3,303.00                    |
| 230                  | c. Subtract your monthly expenses from your monthly income.                             |                      |                   |                             |
| _5                   | The result is your <i>monthly net income</i> .  | 23c.                 | \$                | 4.50                        |
|                      | ,   | -                    |                   |                             |
|                      | you expect an increase or decrease in your expenses within the year a                   |                      |                   |                             |
|                      | example, do you expect to finish paying for your car loan within the year or do you exp | ect your mortgage pa | ayment to increas | se or decrease because of a |
|                      | dification to the terms of your mortgage?   |                      |                   |                             |
|                      | No.   |                      |                   |                             |
|                      | Yes. Explain here:  |                      |                   |                             |

## Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 51 of 73

| Fill in this infor          | matian ta idantifu varr                           |                            |            |         |                              |  |  |
|-----------------------------|---|----------------------------|------------|---------|------------------------------|--|--|
|                             | mation to identify your                           | case:                      |            |         |                              |  |  |
| Debtor 1                    | Kevin Brown                                       |                            |            |         |                              |  |  |
|                             | First Name  | Middle Name                | Las        | t Name  |                              |  |  |
| Debtor 2                    | Lashonda Brown                                    |                            |            |         |                              |  |  |
| Spouse if, filing)          | First Name  | Middle Name                | Las        | t Name  |                              |  |  |
| United States Ba            | ankruptcy Court for the:                          | NORTHERN DISTRICT C        | F ILLINO   | S       |                              |  |  |
| Caaa ayaabar                |   |                            |            |         |                              |  |  |
| Case number _<br>(if known) |   |                            |            |         |                              | ☐ Check if this is an amended filing                               |  |
| ou must file thi            | s form whenever you fi                            | n connection with a bankrı | or amende  | ed sche | edules. Making a false sta   | tement, concealing property,<br>00, or imprisonment for up to      |  |
| Sign                        | n Below   |                            |            |         |                              |  |  |
| Did you pa                  | y or agree to pay some                            | one who is NOT an attorn   | ey to help | you fi  | II out bankruptcy forms?     |  |  |
| ■ No                        |   |                            |            |         |                              |  |  |
| ☐ Yes. N                    | Name of person                                    |                            |            |         |                              | nkruptcy Petition Preparer's No<br>n, and Signature (Official Form |  |
|                             | alty of perjury, I declare<br>e true and correct. | that I have read the summ  | ary and s  | chedu   | les filed with this declarat | ion and  |  |
| X /s/ Kev                   | vin Brown   |                            | х          | /s/ La  | ashonda Brown                |  |  |
| Kevin                       | Brown   |                            |            | Lash    | onda Brown                   |  |  |
| Signatu                     | re of Debtor 1                                    |                            |            | Signa   | ture of Debtor 2             |  |  |
| Date \$                     | September 11, 2017                                |                            |            | Date    | September 11, 2017           |  |  |

# Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 52 of 73

| Fill                 | in this inforr  | nation to identify you                     | r case:   |   |   |   |  |  |  |  |  |  |  |
|----------------------|---|--|---|---|---|---|--|--|--|--|--|--|--|
| Deb                  | tor 1   | Kevin Brown                                |   |   |   |   |  |  |  |  |  |  |  |
|                      |   | First Name                                 | Middle Name   | Last Name   |   |   |  |  |  |  |  |  |  |
|                      | tor 2   | Lashonda Brow                              |   |   |   |   |  |  |  |  |  |  |  |
| (Spot                | use if, filing)   | First Name                                 | Middle Name   | Last Name   |   |   |  |  |  |  |  |  |  |
| Unit                 | ed States Ba  | nkruptcy Court for the:                    | NORTHERN DISTRICT (                                     | OF ILLINOIS   |   |   |  |  |  |  |  |  |  |
| Cas<br>(if kno       | e number _  |  |   |   | _   | Check if this is an mended filing                     |  |  |  |  |  |  |  |
| Sta<br>Be a<br>infor | s complete a  | of Financial                               | ble. If two married people a attach a separate sheet to |   | ankruptcy equally responsible for sup y additional pages, write you |   |  |  |  |  |  |  |  |
| Part                 | 1: Give D   | Details About Your Ma                      | nrital Status and Where You                             | Lived Before  |   |   |  |  |  |  |  |  |  |
| 1.                   | What is you   | r current marital statu                    | ıs?   |   |   |   |  |  |  |  |  |  |  |
|                      | <ul><li>■ Married</li><li>□ Not man</li></ul>   | ried                                       |   |   |   |   |  |  |  |  |  |  |  |
| 2.                   | During the I  | ast 3 years, have you                      | lived anywhere other than                               | where you live now?   |   |   |  |  |  |  |  |  |  |
|                      | <ul> <li>No</li> <li>Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li> </ul> |  |   |   |   |   |  |  |  |  |  |  |  |
|                      | Debtor 1 Pr   | ior Address:                               | Dates Debtor 1 lived there                              | Debtor 2 Prior Ac   | dress:  | Dates Debtor 2<br>lived there                         |  |  |  |  |  |  |  |
|                      |   |  |   |   | ity property state or territory co, Texas, Washington and W         |   |  |  |  |  |  |  |  |
|                      | ■ No<br>□ Yes. Ma   | ake sure you fill out <i>Scl</i>           | nedule H: Your Codebtors (O                             | fficial Form 106H).   |   |   |  |  |  |  |  |  |  |
| Part                 | 2 Explai  | n the Sources of You                       | r Income  |   |   |   |  |  |  |  |  |  |  |
|                      | Fill in the tota  | al amount of income yo                     | u received from all jobs and a                          | ng a business during this you<br>all businesses, including part<br>e together, list it only once ur |   | ndar years?   |  |  |  |  |  |  |  |
|                      | □ No  |  |   |   |   |   |  |  |  |  |  |  |  |
|                      | _   | l in the details.                          |   |   |   |   |  |  |  |  |  |  |  |
|                      |   |  | Debtor 1  |   | Debtor 2  |   |  |  |  |  |  |  |  |
|                      |   |  | Sources of income<br>Check all that apply.              | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.                          | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |  |  |
|                      |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips                     | \$69,192.00   | ☐ Wages, commissions, bonuses, tips                                 | \$0.00  |  |  |  |  |  |  |  |
|                      |   |  | ☐ Operating a business                                  |   | ☐ Operating a business  |   |  |  |  |  |  |  |  |

Official Form 107

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 53 of 73

Kevin Brown

| De | ebtor 2 La                  | shonda B                           | rown                        |  |                           | Cas  | se number (if known)             |             |   |
|----|-----------------------------|------------------------------------|-----------------------------|--|---------------------------|--|----------------------------------|-------------|---|
|    |                             |                                    |                             | Debtor 1   |                           |  | Debtor 2                         |             |   |
|    |                             |                                    |                             | Sources of income<br>Check all that apply.   |                           | s income<br>re deductions and<br>sions)                | Sources of inc                   |             | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calen<br>anuary 1 to |                                    | 31, 2016 )                  | ☐ Wages, commissions, bonuses, tips  |                           | \$102,000.00   | ☐ Wages, combonuses, tips        | missions,   | \$7,000.00  |
|    |                             |                                    |                             | ☐ Operating a business   |                           |  | ☐ Operating a                    | business    |   |
|    | r the calen                 |                                    |                             | ☐ Wages, commissions, bonuses, tips  |                           | \$99,000.00  | ☐ Wages, combonuses, tips        | ımissions,  | \$0.00  |
|    |                             |                                    |                             | ☐ Operating a business   |                           |  | ☐ Operating a                    | business    |   |
|    | winnings.  List each s      | lf you are fil                     | ing a joint ca              | pensions; rental income; inte<br>se and you have income that<br>ome from each source separa                                    | you recei                 | ved together, list it                                  | only once under Do               | ebtor 1.    |   |
|    |                             |                                    |                             | Debtor 1   |                           |  | Debtor 2                         |             |   |
|    |                             |                                    |                             | Sources of income Describe below.  | each                      | s income from<br>source<br>re deductions and<br>sions) | Sources of inc<br>Describe below |             | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: List                  | Certain Pa                         | yments You                  | Made Before You Filed for  | Bankrup                   | tcy  |                                  |             |   |
| 6. | Are either □ No.            | Neither D                          | ebtor 1 nor [               | e's debts primarily consume<br>Debtor 2 has primarily cons<br>a personal, family, or househo                                   | umer del                  | ots. Consumer deb                                      | ts are defined in 11             | U.S.C. § 10 | 01(8) as "incurred by an                              |
|    |                             | □ No.                              | Go to line 7                |  |                           |  |                                  |             |   |
|    |                             | ☐ Yes                              | paid that cr<br>not include | each creditor to whom you pa<br>reditor. Do not include payme<br>payments to an attorney for to<br>ton 4/01/19 and every 3 yea | ents for do<br>this bankr | mestic support obliques                                | gations, such as ch              | ild support | and alimony. Also, do                                 |
|    | ■ Yes.                      |                                    |                             | or both have primarily consore you filed for bankruptcy, d   |                           |  | al of \$600 or more?             | ,           |   |
|    |                             | □ <sub>No.</sub>                   | Go to line 7                | 7.   |                           |  |                                  |             |   |
|    |                             | ■ Yes                              | include pay                 | each creditor to whom you pa<br>rments for domestic support or<br>r this bankruptcy case.                                      |                           |  |                                  |             |   |
|    | Creditor'                   | s Name an                          | d Address                   | Dates of paymo   | ent                       | Total amount paid                                      | Amount you still owe             | Was this    | payment for   |
|    | 8480 St                     | argo Hm I<br>agecoach<br>ck, MD 21 | Cir                         |  |                           | \$0.00   | \$155,526.00                     |             | Card<br>Repayment<br>ers or vendors                   |

Debtor 1

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 54 of 73

| Del | Lashonda Brown  |  | Cas                 | se number (if known) |                                 |                                   |  |  |  |  |  |  |
|-----|---|--|---------------------|----------------------|---------------------------------|-----------------------------------|--|--|--|--|--|--|
| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                     |                      |                                 |                                   |  |  |  |  |  |  |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>  |  |                     |                      |                                 |                                   |  |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid   | Amount you still owe | Reason for                      | his payment                       |  |  |  |  |  |  |
| 8.  | Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or co  |  | ments or transfer a | any property on a    | ccount of a de                  | bt that benefited an              |  |  |  |  |  |  |
|     | ☐ Yes. List all payments to an insider  |  |                     |                      |                                 |                                   |  |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid   | Amount you still owe | Reason for I                    | this payment<br>tor's name        |  |  |  |  |  |  |
| Par | rt 4: Identify Legal Actions, Repossessio   | ns, and Foreclosures   |                     |                      |                                 |                                   |  |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrup: List all such matters, including personal injury modifications, and contract disputes.  ☐ No  |  |                     |                      |                                 |                                   |  |  |  |  |  |  |
|     | Yes. Fill in the details.   |  |                     |                      |                                 |                                   |  |  |  |  |  |  |
|     | Case title  |  |                     |                      |                                 | e case                            |  |  |  |  |  |  |
|     | Portfolio Recovery V Brown<br>16M1005398  | covery V Brown Collections Circuit Court Clerk (Cook) 50 W Washington St Room 1001 Chicago, IL 60602 |                     |                      |                                 | ☐ Pending ☐ On appeal ☐ Concluded |  |  |  |  |  |  |
|     | Chicago Public Schools V Brown<br>Administrative Determination  |  |                     |                      | ☐ Pending ☐ On appea ☐ Conclude |                                   |  |  |  |  |  |  |
| 10. | Within 1 year before you filed for bankrup. Check all that apply and fill in the details below.  No. Go to line 11.   |  | erty repossessed, f | oreclosed, garnis    | shed, attached                  | , seized, or levied?              |  |  |  |  |  |  |
|     | Yes. Fill in the information below.   | December the December  |                     | Dete                 |                                 | Walan at the                      |  |  |  |  |  |  |
|     | Creditor Name and Address   | Describe the Property  |                     | Date                 |                                 | Value of the<br>property          |  |  |  |  |  |  |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.  |  |                     | nancial institution  | ı, set off any a                | mounts from your                  |  |  |  |  |  |  |
|     | Creditor Name and Address   | Describe the action the  | creditor took       | Date<br>taker        | action was                      | Amount                            |  |  |  |  |  |  |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a  ■ No □ Yes  |  | erty in the possess |                      |                                 | fit of creditors, a               |  |  |  |  |  |  |

Debtor 1

**Kevin Brown** 

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 55 of 73

|     | otor 1<br>otor 2      | Kevin Brown<br>Lashonda Brown  |          | Case nu  | mber (if kno | wn)                                |                           |
|-----|-----------------------|--|----------|--|--------------|------------------------------------|---------------------------|
| Par | t 5:                  | List Certain Gifts and Contribution  | s        |  |              |                                    |                           |
| 13. | <b>I</b>              | n 2 years before you filed for bankr<br>No<br>Yes. Fill in the details for each gift.                                | uptcy, c | lid you give any gifts with a total value of m   | nore than \$ | 6600 per person?                   | ,                         |
|     | per p                 | s with a total value of more than \$60<br>person<br>son to Whom You Gave the Gift and                                | 0        | Describe the gifts   |              | ites you gave<br>e gifts           | Value                     |
|     |                       | ress:  |          |  |              |                                    |                           |
| 14. |                       | n 2 years before you filed for bankr<br>No<br>Yes. Fill in the details for each gift or c                            |          | lid you give any gifts or contributions with on.   | a total val  | ue of more than S                  | \$600 to any charity?     |
|     | Gifts<br>more<br>Char | s or contributions to charities that tet than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Code | otal     | Describe what you contributed  |              | ites you<br>ntributed              | Value                     |
| Par |                       | List Certain Losses  |          |  |              |                                    |                           |
|     | or ga                 | <b>mbling?</b><br>No   | ptcy or  | since you filed for bankruptcy, did you lose   | e anything   | because of theft                   | t, fire, other disaster,  |
|     |                       | Yes. Fill in the details.  | D        |  | D-           | 4                                  | Value of several          |
|     |                       | cribe the property you lost and the loss occurred  | Include  | be any insurance coverage for the loss the amount that insurance has paid. List pendice claims on line 33 of Schedule A/B: Propert | ding los     | ite of your                        | Value of property<br>lost |
| Par | t 7:                  | List Certain Payments or Transfers   | 3        |  |              |                                    |                           |
|     | cons                  | ulted about seeking bankruptcy or p  | oreparir | d you or anyone else acting on your behalf<br>ng a bankruptcy petition?<br>s, or credit counseling agencies for services re        |              |                                    | ty to anyone you          |
|     | □ 1                   | No   |          |  |              |                                    |                           |
|     | •                     | Yes. Fill in the details.  |          |  |              |                                    |                           |
|     | Addı<br>Ema           | on Who Was Paid<br>ress<br>il or website address<br>on Who Made the Payment, if Not Y                                | 'ou      | Description and value of any property transferred  | or           | ite payment<br>transfer was<br>ade | Amount of payment         |
|     | 77 V                  | ason & Gleason LLC<br>V. Washington, Ste 1218<br>cago, IL 60602  |          | \$940.00 attorney fees plus \$335.00 court filing fee.   | 20           | 15                                 | \$940.00                  |
|     | prom                  |  | litors o | d you or anyone else acting on your behalf<br>r to make payments to your creditors?<br>ed on line 16.                              | pay or tra   | nsfer any proper                   | ty to anyone who          |
|     | _                     | No   |          |  |              |                                    |                           |
|     |                       | Yes. Fill in the details.  |          | Description and value of any property  | P-           | ito novment                        | Amount of                 |
|     | Pers<br>Addi          | on Who Was Paid<br>ress  |          | Description and value of any property transferred  | or           | ite payment<br>transfer was<br>ade | Amount of payment         |

Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Case 17-27086 Page 56 of 73 Document

**Kevin Brown** Debtor 1 Debtor 2 Lashonda Brown

Case number (if known)

| 18. | tran<br>Inclu   | nin 2 years before you filed for bankrup isferred in the ordinary course of your lude both outright transfers and transfers mude gifts and transfers that you have alreat No  Yes. Fill in the details. | busin<br>nade a | ess or financial af<br>as security (such as  | fairs?<br>the granting of a | -           |   |       |   |  |  |  |
|-----|---|---|-----------------|--|-----------------------------|-------------|---|-------|---|--|--|--|
|     | Add   | rson Who Received Transfer<br>dress   |                 | Description and property transfe   |                             | paym        | ribe any property or<br>ents received or debts<br>in exchange |       | ate transfer was<br>ade                       |  |  |  |
|     | Per   | rson's relationship to you  |                 |  |                             |             |   |       |   |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. |   |                 |  |                             |             |   |       |   |  |  |  |
|     | Name of trust Description and value of the property transferred   |   |                 |  |                             |             |   |       | ate Transfer was                              |  |  |  |
|     |   |   |                 |  |                             |             |   | m     | ade   |  |  |  |
| Par | t 8:  | List of Certain Financial Accounts, Ir  | nstrur          | ments, Safe Depos  | it Boxes, and St            | orage Uni   | ts  |       |   |  |  |  |
| 20. | With  | nin 1 year before you filed for bankrupt  | CV. W           | ere any financial a  | ccounts or instr            | uments he   | eld in your name, or for yo                                   | our   | benefit closed                                |  |  |  |
| _0. | sold<br>Incl  | d, moved, or transferred?<br>ude checking, savings, money market,   | or otl          | her financial accou  | unts; certificates          | of deposi   |   |       |   |  |  |  |
|     | nou   | ses, pension funds, cooperatives, asso  | ociatio         | ons, and other fina  | incial institution          | s.          |   |       |   |  |  |  |
|     |   | Yes. Fill in the details.   |                 |  |                             |             |   |       |   |  |  |  |
|     |   | me of Financial Institution and dress (Number, Street, City, State and ZIP e)   |                 | st 4 digits of<br>count number   | Type of according trument   | unt or      | Date account was<br>closed, sold,<br>moved, or<br>transferred | ı     | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. |   | you now have, or did you have within 1<br>h, or other valuables?  | year            | before you filed fo  | or bankruptcy, a            | ny safe de  | posit box or other deposi                                     | itory | y for securities,                             |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |                 |  |                             |             |   |       |   |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   |   |                 | Who else had access to it?  Address (Number, Street, City, State and ZIP Code)       |                             |             | the contents  |       | Do you still have it?                         |  |  |  |
| 22. | Have  | e you stored property in a storage unit   | or pla          | ace other than you   | ır home within 1            | year befo   | re you filed for bankrupto                                    | ;y?   |   |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |                 |  |                             |             |   |       |   |  |  |  |
|     |   | me of Storage Facility dress (Number, Street, City, State and ZIP Code)   |                 | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |                             |             | the contents  |       | Do you still have it?                         |  |  |  |
| Par | t 9:  | Identify Property You Hold or Contro  | l for S         | Someone Else   |                             |             |   |       |   |  |  |  |
| 23. | -   | you hold or control any property that so<br>someone.  | omeo            | ne else owns? Inc  | lude any proper             | ty you bor  | rowed from, are storing f                                     | or,   | or hold in trust                              |  |  |  |
|     |   | No  |                 |  |                             |             |   |       |   |  |  |  |
|     |   | Yes. Fill in the details.   |                 |  |                             |             |   |       |   |  |  |  |
|     | _   | rner's Name<br>dress (Number, Street, City, State and ZIP Code)   |                 | Where is the pro<br>(Number, Street, City,<br>Code)                                  |                             | Describe    | the property  |       | Value   |  |  |  |
| Par | t 10:   | Give Details About Environmental In   | forma           | ation  |                             |             |   |       |   |  |  |  |
| For | the p   | ourpose of Part 10, the following definit   | ions            | apply:   |                             |             |   |       |   |  |  |  |
|     | Env   | rironmental law means any federal, stat   | e, or           | local statute or reç   | gulation concern            | ning pollut | ion, contamination, releas                                    | ses   | of hazardous or                               |  |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 57 of 73

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

regulations controlling the cleanup of these substances, wastes, or material.

Debtor 1 **Kevin Brown**Debtor 2 **Lashonda Brown** 

Case number (if known)

|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |   |        |  |       |   |                    |  |  |  |  |
|-----|--|---|--------|--|-------|---|--------------------|--|--|--|--|
|     |  | zardous material means anything an env<br>zardous material, pollutant, contaminant,   |        |  | wa    | ste, hazardous substance, toxic s                                   | ubstance,          |  |  |  |  |
| Rep | ort  | all notices, releases, and proceedings the  | at yo  | u know about, regardless of when   | the   | ey occurred.  |                    |  |  |  |  |
| 24. | Ha   | s any governmental unit notified you tha  | t you  | may be liable or potentially liable  | und   | der or in violation of an environme                                 | ental law?         |  |  |  |  |
|     |  | No<br>Yes. Fill in the details.   |        |  |       |   |                    |  |  |  |  |
|     | _ `  | ame of site<br>ddress (Number, Street, City, State and ZIP Code)                      |        | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it                                   | Date of notice     |  |  |  |  |
| 25. | Ha   | ve you notified any governmental unit of  | any ı  | release of hazardous material?   |       |   |                    |  |  |  |  |
|     |  | No<br>Yes. Fill in the details.   |        |  |       |   |                    |  |  |  |  |
|     |  | ame of site<br>ddress (Number, Street, City, State and ZIP Code)                      |        | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | t     | Environmental law, if you know it                                   | Date of notice     |  |  |  |  |
| 26. | Ha¹  | ve you been a party in any judicial or adr<br>No<br>Yes. Fill in the details.         | ninis  | trative proceeding under any envi  | ron   | mental law? Include settlements a                                   | and orders.        |  |  |  |  |
|     |  | ase Title<br>ase Number   |        | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Na    | ture of the case  | Status of the case |  |  |  |  |
| Par | t 11   | Give Details About Your Business or   | Conn   | ections to Any Business  |       |   |                    |  |  |  |  |
| 27. | Wit  | thin 4 years before you filed for bankrupt  | cy, d  | id you own a business or have an   | y of  | f the following connections to any                                  | business?          |  |  |  |  |
|     |  | ☐ A sole proprietor or self-employed i  | n a tr | ade, profession, or other activity,  | eith  | ner full-time or part-time  |                    |  |  |  |  |
|     |  | ☐ A member of a limited liability comp  | any (  | (LLC) or limited liability partnershi                                      | ip (L | LLP)  |                    |  |  |  |  |
|     |  | ☐ A partner in a partnership  |        |  |       |   |                    |  |  |  |  |
|     |  | ☐ An officer, director, or managing ex  | ecuti  | ve of a corporation  |       |   |                    |  |  |  |  |
|     |  | ☐ An owner of at least 5% of the votin  | g or e | equity securities of a corporation   |       |   |                    |  |  |  |  |
|     |  | No. None of the above applies. Go to F  | Part 1 | 2.   |       |   |                    |  |  |  |  |
|     |  | Yes. Check all that apply above and fill  | in th  | e details below for each business  | i.    |   |                    |  |  |  |  |
|     |  | usiness Name  | Des    | scribe the nature of the business  |       | Employer Identification number                                      |                    |  |  |  |  |
|     |  | Idress<br>umber, Street, City, State and ZIP Code)                                    | Nan    | ne of accountant or bookkeeper   |       | Do not include Social Security number or l'  Dates business existed |                    |  |  |  |  |
| 28. |  | thin 2 years before you filed for bankrupt<br>titutions, creditors, or other parties. | cy, d  | id you give a financial statement t  | o aı  | nyone about your business? Inclu                                    | de all financial   |  |  |  |  |
|     |  | No<br>Yes. Fill in the details below.   |        |  |       |   |                    |  |  |  |  |
|     | Ac   | ame<br>ddress<br>ımber, Street, City, State and ZIP Code)                             | Dat    | e Issued   |       |   |                    |  |  |  |  |
|     | •  |   |        |  |       |   |                    |  |  |  |  |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

Part 12: Sign Below

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 58 of 73

**Kevin Brown** Debtor 1 Debtor 2 Lashonda Brown Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kevin Brown /s/ Lashonda Brown **Kevin Brown** Lashonda Brown Signature of Debtor 1 Signature of Debtor 2 Date September 11, 2017 Date **September 11, 2017** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Mair Document Page 59 of 73

| Fill in this infor  | rmation to identify your | case:             |             |                     |
|---------------------|--------------------------|-------------------|-------------|---------------------|
| Debtor 1            | Kevin Brown              |                   |             |                     |
|                     | First Name               | Middle Name       | Last Name   |                     |
| Debtor 2            | Lashonda Brown           |                   |             |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                     |
| Case number         |                          |                   |             | _ 0, , , , , ,      |
| (if known)          |                          |                   |             | Check if this is an |
|                     |                          |                   |             | amended filing      |

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral                  | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's Chrysler Capital name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property securing debt:  2016 Jeep Patriot Car:             | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes   |
| Creditor's Consumer Portfolio Svc name:                                    | ☐ Surrender the property. ☐ Retain the property and redeem it.   | ■ No  |
| Description of property securing debt:  2014 Chevrolet I Impala            | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ☐ Yes   |
| Creditor's Wells Fargo Hm Mortgag name:                                    | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property 17039 Evans Dr South Holland, IL 60473 Cook County | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

## Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 60 of 73

| Debtor 2                 | Lashonda Brown                                      | Case number (if known)   |
|--------------------------|---|--|
| securin                  | ng debt:  |  |
| Part 2:                  | List Your Unexpired Personal Property Leases        |  |
| For any unit in the info | nexpired personal property lease that you listed in | Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill pired leases are leases that are still in effect; the lease period has not yet ended. trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe                 | your unexpired personal property leases             | Will the lease be assumed?   |
| Lessor's r               |   | □ No   |
| Property:                | on of leased  | ☐ Yes  |
| Lessor's r               | name:<br>on of leased                               | □ No   |
| Property:                |   | ☐ Yes  |
| Lessor's r               |   | □ No   |
| Property:                | on of leased  | □ Yes  |
| Lessor's r               | name:<br>on of leased                               | □ No   |
| Property:                |   | ☐ Yes  |
| Lessor's r               | name:<br>on of leased                               | □ No   |
| Property:                | iii oi leaseu                                       | ☐ Yes  |
| Lessor's r               | name:<br>on of leased                               | □ No   |
| Property:                |   | ☐ Yes  |
| Lessor's r               | name:<br>on of leased                               | □ No   |
| Property:                |   | ☐ Yes  |
|                          |   |  |

Debtor 1

**Kevin Brown** 

# Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 61 of 73

| Debtor 1<br>Debtor 2 |   | Case number (if known)   |
|----------------------|---|--|
|                      |   |  |
|                      |   |  |
|                      |   |  |
| Part 3:              | Sign Below  |  |
|                      | enalty of perjury, I declare that I have indicate<br>that is subject to an unexpired lease. | ed my intention about any property of my estate that secures a debt and any personal |
| X /s/                | Kevin Brown   | X /s/ Lashonda Brown   |
| Kevin Brown          |   | Lashonda Brown   |
| Sig                  | gnature of Debtor 1   | Signature of Debtor 2  |
| Da                   | te September 11, 2017   | Date September 11, 2017  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 66 of 73

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In         | Kevin Brown re Lashonda Brown  | Case No  |   |                 |  |  |
|------------|--|--|---|-----------------|--|--|
|            | Debtor(s)  | Chapter  | 7   |                 |  |  |
|            | DISCLOSURE OF COMPENSATION OF ATT  | ORNEY FOR D                                      | EBTOR(S)  |                 |  |  |
| l.         | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the at compensation paid to me within one year before the filing of the petition in bankrup be rendered on behalf of the debtor(s) in contemplation of or in connection with the  | torney for the above natey, or agreed to be pai  | amed debtor(s) and that d to me, for services r |                 |  |  |
|            | For legal services, I have agreed to accept  |  | 940.00  |                 |  |  |
|            | Prior to the filing of this statement I have received  |  | 940.00  |                 |  |  |
|            | Balance Due  |  | 0.00  |                 |  |  |
| 2.         | \$335.00 of the filing fee has been paid.  |  |   |                 |  |  |
| 3.         | The source of the compensation paid to me was:   |  |   |                 |  |  |
|            | ■ Debtor □ Other (specify):  |  |   |                 |  |  |
| 1.         | The source of compensation to be paid to me is:  |  |   |                 |  |  |
|            | ■ Debtor □ Other (specify):  |  |   |                 |  |  |
| 5.         | ■ I have not agreed to share the above-disclosed compensation with any other per   | son unless they are me                           | mbers and associates of                         | of my law firm. |  |  |
|            | ☐ I have agreed to share the above-disclosed compensation with a person or perso copy of the agreement, together with a list of the names of the people sharing in   |  |   | law firm. A     |  |  |
| <b>5</b> . | return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |  |   |                 |  |  |
|            | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan who</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing</li> <li>d. [Other provisions as needed]</li> <li>a. Analysis of the debtor's financial situation, and rendering adpetition in bankruptcy;</li> </ul> | hich may be required;<br>g, and any adjourned he | earings thereof;                                |                 |  |  |
|            | b. Preparation and filing of any petition, schedules, statements   | of affairs and plan                              | which may be requ                               | ıired;          |  |  |
|            | c. Representation of the debtor at the meeting of creditors and thereof;   | confirmation hearir                              | ıg, and any adjourı                             | ned hearings    |  |  |
| 7.         | By agreement with the debtor(s), the above-disclosed fee does not include the follow a. Representation of the debtors in any dischargeability action proceeding.   |  | lances, or any othe                             | er adversary    |  |  |
|            | b. Debtor is responsible for the 2 mandatory credit counseling   | classes.   |   |                 |  |  |
|            | c. This fee agreement does not include representation in motic   | ons to redeem.                                   |   |                 |  |  |

Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 67 of 73

| In re | Kevin Brown<br>Lashonda Brown |           | Case No. | Case No. |
|-------|-------------------------------|-----------|----------|----------|
|       |                               | Debtor(s) |          |          |

### **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

(Continuation Sheet)

| (Continuation Sheet)   |   |  |  |  |
|--|---|--|--|--|
|  | CERTIFICATION   |  |  |  |
| I certify that the foregoing is a complete statement this bankruptcy proceeding. | ent of any agreement or arrangement for payment to me for representation of the debtor(s) in  |  |  |  |
| September 11, 2017  Date   | /s/ Julie Gleason Julie Gleason 6273536 Signature of Attorney Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com  Name of law firm |  |  |  |

Affiliated Po Box 790001 Sunrise Beach, MO 65079

Afni, Inc. Po Box 3097 Bloomington, IL 61702

Allied Interstate PO Box 4000 Warrenton, VA 20188

AT & T Mobility Attn: Karen Cavagnaro, Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Capital One PO Box 30281 Salt Lake City, UT 84130

Cavalry Portfolio Serv Po Box 27288 Tempe, AZ 85285

Chase Bp Prvt Lbl Po Box 15298 Wilmington, DE 19850

ChexSystems
7805 Hudson Rd, Ste 100
Saint Paul, MN 55125

Chicago Public Schools Legal Department 42 W Madison Chicago, IL 60602 Chicago Public Schools Law Department 1 N Dearborn St #900 Chicago, IL 60602

Chrysler Capital Po Box 961275 Fort Worth, TX 76161

Client Services, Inc. 3451 Harry S. Truman Blvd. Saint Charles, MO 63301-4047

Collection Bureau Of A 25954 Eden Landing Rd Hayward, CA 94545

Comenity Bank/nwyrk&co 220 W Schrock Rd Westerville, OH 43081

Comenity Bank/valctyfr Po Box 182789 Columbus, OH 43218

Consumer Portfolio Services Attn: Bankruptcy 16355 Laguna Canyon Rd Irvine, CA 92618

Consumer Portfolio Svc Po Box 57071 Irvine, CA 92619

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007

Credit One Bank Na Po Box 98872 Las Vegas, NV 89193

Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773 Diversified Consultant P O Box 551268 Jacksonville, FL 32255

Dsnb Macys 9111 Duke Blvd Mason, OH 45040

ERC
PO Box 23870
Jacksonville, FL 32241

Fifth Third Bank/BK Dept Bankruptcy Dept, Mail Drop #RSCB3E 1830 E Paris Ave SE Grand Rapids, MI 49546

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

First Source 1661 Lyndon Farm Court Louisville, KY 40223

Galaxy 1000 N West St, Ste 1224 Wilmington, DE 19801

Ginny's Inc 1112 7th Ave Monroe, WI 53566

Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338

Illinois Dept of Employment Securit Bankruptcy Unit Collection Subdivis 33 S State St 10th Floor Chicago, IL 60603 Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Linebarger Goggan Blair & Sampson 233 S Wacker Suite 4030 Chicago, IL 60606

Lvnv Funding Llc Po Box 10497 Greenville, SC 29603

Macy's PO Box 183083 Columbus, OH 43218

Merrick Bank Po Box 9201 Old Bethpage, NY 11804

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

Navient Po Box 9500 Wilkes Barre, PA 18773

Navient Solutions Inc Po Box 9500 Wilkes Barre, PA 18773

NCCI 14 orchard road #100 Lake Forest, CA 92630

Northland Group PO Box 390846 Minneapolis, MN 55439

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502 Rogers & Hol Po Box 879 Matteson, IL 60443

Senex Services Corp 333 Founds Rd Indianapolis, IN 46268

Syncb/walmart Dc Po Box 965024 Orlando, FL 32896

Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440

Verizon Wireless Po Box 49 Lakeland, FL 33802

Vision Fin 1900 W Severs Rd La Porte, IN 46350

Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701 Case 17-27086 Doc 1 Filed 09/11/17 Entered 09/11/17 13:32:12 Desc Main Document Page 73 of 73

### United States Bankruptcy Court Northern District of Illinois

| In re | Kevin Brown<br>Lashonda Brown             |   | Case No.         |                           |
|-------|---|---|------------------|---------------------------|
|       | Lasiioiida Biowii                         | Debtor(s)   | Chapter          | 7                         |
|       | VI  | ERIFICATION OF CREDITOR M                         | IATRIX           |                           |
|       |   | Number of   | Creditors: _     | 49                        |
|       | The above-named Debtor(s (our) knowledge. | ) hereby verifies that the list of credit         | tors is true and | correct to the best of my |
| Date: | September 11, 2017                        | /s/ Kevin Brown  Kevin Brown  Signature of Debtor |                  |                           |
| Date: | September 11, 2017                        | /s/ Lashonda Brown Lashonda Brown                 |                  |                           |
|       |   | Signature of Debtor                               |                  |                           |